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Illustrations OF HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

KING'S COLLEGE HOSPITAL:

MELANOSIS RECURRING IN THE SCAR OF A PREVIOUS OPERATION: NO SIGNS OF CONSTITUTIONAL AFFECTION.

Under the care of W. FERGUSSON, Esq., F.R.S.

[*From Notes by* P. W. SWAIN, Esq., *House-Surgeon.*]

IN the excellent account which Mr. Paget has given of melanotic tumours (*Lectures on Surgical Pathology*, ii, 483) he says: "I have referred to a case of melanotic epithelial cancer (page 443); but with this exception, I have not seen or read of any example of melanosis or melanotic tumour in the human subject, which might not be regarded as a medullary cancer with black pigment. In the horse and dog, I believe, black tumours occur which have no cancerous character; but none such are recorded in human pathology." If this *dictum* is true (and nothing in our experience leads us to question it) the following case is interesting, as showing for how long a time cancer may confine itself to a purely local manifestation; not amenable to treatment, recurring after excision, affecting and infiltrating parts in the course of the absorbent vessels, reproduced in the scars of previous operations, but still leaving the constitution and general health quite unaffected. The same course is followed by many tumours which are regarded as innocent; and it is only the issue of the disease which can distinguish the latter cases, in which the patient, if he dies of the disease, sinks under the effects of ulceration, from the former, in which, after a longer or shorter period of immunity, the constitution becomes affected and the disease attacks remote or internal organs. So lengthened an acquaintance with individual cases is, however, necessarily rare; hence our knowledge of the tumours (comparatively numerous as they are) which occupy the debatable ground between innocent and malignant, is hitherto in a very imperfect state. The experience of private practitioners is perhaps more likely to supply this defect than the records of hospital surgery.

Geo. S., aged 36, was admitted on December 10th, 1856, on account of a tumour in the right groin. It seemed that he had had a tumour removed five years before from the great toe, which the surgeon called a fungus. There then existed a black spot, of the size of a pin's head, between the great and the second toe. This had increased gradually, but very slowly, up to the date of admission, at which time it was as large as a pea. It appeared to be due to melanosis affecting the skin.

Three years ago he noticed a swelling in the right groin, just below Poupart's ligament. This was, on admission, as large as a duck's egg. Eighteen months ago a similar swelling appeared just above Poupart's ligament, which had grown to the size of a walnut, and was obviously connected with the others. The man was in all other respects healthy, and there was no family history of cancer.

On Jan. 10th he was brought under the influence of amylene, and Mr. Fergusson removed the tumour with some suspicious looking glands. During the operation the patient had his eyes open, and was to a certain extent conscious of the operation, though feeling no pain. The wound suppurated healthily for a few days, then closed without any bad symptom, and he was discharged on Jan. 28th, "cured, as far as the local disease was concerned," as it is expressed in the case book.

The man was re-admitted on Oct. 21st. It seems that, three months after the last operation, he noticed a small lump on the outer side of the cicatrix, on the level of Poupart's ligament, of about the size of a pea. It had since then increased steadily to the size of a walnut. He had suffered no inconvenience from it, and his general health was not deteriorated.

The small lump between the toes appeared in the same state as before. On October 24th Mr. Fergusson dissected the tumour out under the influence of chloroform. On cutting into it it displayed (as in the former case) the ordinary features of melanotic cancer.

The wound united, except a very small part, by the first intention.

ST. GEORGE'S HOSPITAL.

ENCEPHALOID DISEASE OF THE FEMALE BREAST.

Under the care of PRESCOTT G. HEWETT, Esq.

SARAH G., aged 62, was admitted on October 6th, 1857, under the care of Mr. Hewett. She had always enjoyed good health till April last, when she perceived a swelling in the right breast, which grew very fast without much pain or inconvenience, except from its weight. Her general health was still pretty good.

On examination when she was first seen, a large lobulated tumour was found, not affecting the skin (which was healthy), feeling soft in parts, and presenting altogether, considering also the general good health of the patient, most of the characters of sero-cystic or tubero-cystic tumour. No operation was at that time undertaken; but when she was seen again, six weeks afterwards, the tumour had materially changed its aspect. It was still growing rapidly, and had now involved the skin, which was thickened, brawny, and red; the surface of the tumour was covered with large veins, and its substance felt very soft. Suspicions of malignant disease were then entertained, and it was determined to operate without delay.

The breast was removed on October 7th. The morbid growth was found to be of the encephaloid variety; it involved the whole of the gland, no trace of the healthy glandular tissue remaining, and had apparently infiltrated the pectoralis major muscle to a slight extent. A portion of the latter was accordingly removed.

An examination of the tumour after its removal left no doubt of its nature. In appearance and consistence it pretty closely resembled the white matter of the brain. There were no traces of the healthy gland to be found. The substance of the tumour showed under the microscope numerous large nucleated cells, and a very sparing development of fibrous tissue.

No symptoms calling for remark have hitherto followed. The wound, which was necessarily of great size (for the patient was fat, and had a full bosom), has been healing healthily, and is now much contracted. The granulations are quite healthy, and her general health and spirits are perfectly good. The complexion, also, is that of a person in good health.

REMARKS. The foregoing case was principally interesting as a question of diagnosis; and it must be allowed that the history of this, as well as of Mr. Fergusson's case which precedes it, tends rather to show the difficulties which at present beset the diagnosis of cancer in the living body, than to furnish help for avoiding those difficulties. In Mr. Fergusson's case, indeed, there were the history and the presence of melanosis in another organ to lead to a correct opinion; here there was nothing to show the true nature of the case. There was no "malignant cachexia" (and let us remark, in passing, how very often this symptom is absent, especially in soft, rapidly

growing, and therefore especially malignant, tumours), no implication of any other part, nor any constitutional sympathies. The patient's age was, indeed, an unusual one for any innocent tumour; but to show that too much weight should not be attributed to this, we subjoin short notes of a case which occurred in a woman of about the same age some time since at St. Bartholomew's Hospital, and in whom the tumour, though presenting many of the characters of scirrhus, turned out to be of the chronic mammary variety.

As to the disease itself (encephaloid tumour of the mamma), it is rarely met with: and we understand that at St. George's only one or two instances have been seen for several years. A very interesting account of one such case, in which the disease had progressed too far for operation, and where the patient died of malignant disease affecting the free surface of the mitral valve, will be found in the *Medico-Chirurgical Transactions*, vol. xxx, p. 3, by Mr. Hewett. In that case it will be seen that a very large cyst existed, as much as a pint of serous fluid having been evacuated from it at one time. In other respects it seems to have closely resembled, both in external and microscopical characters, the tumour above described.

Should any further symptoms of interest arise in this case, we shall hope to lay them before our readers. The patient being a servant of a gentleman in the neighbourhood, it is very probable that her future history will be known at the Hospital.

ST. BARTHOLOMEW'S HOSPITAL.

CHRONIC MAMMARY TUMOUR.

Under the care of J. Paget, Esq.

[*From Notes by* E. Barker, Esq., *House-Surgeon.*]

Susan H., aged 64, was admitted under Mr. Paget's care, October 3rd, 1855. She was a well nourished woman, who had always enjoyed good health. On admission, a firm, irregular nodulated swelling, about the size of a small apple, was seen on the clavicular margin of the left breast. The superficial veins were enlarged, but there was no discoloration of the skin nor any adhesion of the gland. The tumour was partly, but not entirely, movable, and was the seat of excruciating pain. The glands in the axilla were unaffected.

She was a married woman, but had never been pregnant. The catamenia had been regular, and had ceased thirteen years before. The tumour had been growing gradually, and without symptoms, till five weeks before, since which time it had increased rapidly, and had become very painful. The nature of the tumour being uncertain, an exploratory puncture was first made; and as this revealed the absence of fluid, an incision was made through the swelling, which proved to be a mammary glandular tumour, and was therefore dissected away from the gland. She recovered without any bad symptom.

LONDON HOSPITAL.

I. EXTENSIVE INJURY OF THE FOREARM.

Under the care of J. C. Wordsworth, Esq.

[*From notes by* F. Owen, Esq., *House-Surgeon.*]

The following is one of those extreme cases in which conservative surgery obtains occasionally such extraordinary and gratifying results. There can, we think, be no question that many limbs (especially hands and forearms) are saved nowadays, which it was the fashion of our elders to lop off without much ceremony. Whether here and there a patient does not die with his arm or leg on, who might have lived with it off, is another question, and one very difficult to settle. Occasionally, we venture to think, this most laudable affection for conservative surgery is carried rather to excess, as in a case which we saw some time since, in which a surgeon was attempting to save a thumb after he had removed *both* phalanges for disease. No such criticism, however, can be applied to Mr. Wordsworth's proceedings in the present instance, as there can be no doubt that, imperfect as the movements of the injured limb may be, they are infinitely superior to that of any mechanism by which it could be replaced.

We saw, a few days ago, at St. Bartholomew's Hospital, an almost equally bold attempt at conservation by Mr. Skey, and hope to be able soon to report an equally cheering result. The case was progressing most favourably when last heard of.

J. W. Jackson, aged 14, was admitted April 11th, 1857, into the London Hospital, under the care of Mr. Curling, suffering from a compound fracture of the upper third of the radius, a compound dislocation of the ulna from the triangular cartilage at the wrist, and a very severe laceration of the integuments and muscles of the forearm. The supinator longus and extensor carpi radialis longior muscles were severed from their origins, and hanging by their tendons; the short radial extensor was also partly divided. The nerves and blood-vessels were uninjured.

Mr. Wordsworth was sent for, in Mr. Curling's absence; and decided to attempt to save the limb. The supinator longus and extensor radialis longior were removed from their tendons; the dislocation was reduced; and, the wound having been dressed with wet lint, the arm was placed on a splint. There was little constitutional disturbance, but, at the end of a week, considerable suppuration. He was ordered to have eight ounces of wine and full diet. He made a good recovery, and was discharged as an out-patient on July 14th, with the wound nearly healed.

September 22nd. He presented himself, with the wound quite healed.

The ulna is tilted upwards from the wrist, and there is very little power of rotation or extension. It is proposed to assist the extension by a bracelet, to which is attached a spring, to act on the palm of the hand, and so straighten the wrist.

II. LIGATURE OF THE BRACHIAL ARTERY, FOR A WOUND SLICING OFF A BRANCH CLOSE TO THE MAIN TRUNK.

Under the care of J. Adams, Esq.

[*Reported by* F. Owen, Esq., *House-Surgeon.*]

The following case is given as an instance of a somewhat rare accident, viz., a branch of a large artery divided close to the trunk. The case is, surgically speaking, pretty nearly identical with a wound of the vessel itself, as there is not sufficient space left for the formation of a coagulum which could resist the force of the circulation after ligature of the divided branch only. As to the operation of ligature of the brachial artery itself, it is one which is now rarely necessary, since bleeding is less frequently practised, and almost always by competent persons; but it is, we believe, almost uniformly successful.

Thos. Marter, aged 15, labourer, was admitted into the London Hospital September 10th, 1857, under the care of Mr. Adams, with a severe incised wound, of a horse-shoe shape, above the elbow-joint on the inner side of the arm, extending about three and a half inches up the arm. It completely divided the biceps, and exposed the course of the brachial artery for about two inches. There had been considerable hæmorrhage, which was found to proceed from a small branch having been sliced off close to the main artery. The accident occurred from the boy falling on a hay-knife. With the kind assistance of Mr. Forbes, I placed a ligature on the brachial artery above and below the origin of the injured branch. The hæmorrhage at once stopped, the wound was closed with sutures, and the arm bent and kept in that position by a bandage.

September 11th. He was going on well; but the temperature of the hand was much lower than that of the other. He was rather feverish, and was ordered to have saline mixture three times a day.

September 12th. Erysipelas showed itself extending up the arm; this was completely checked by collodion. A poultice was ordered to be applied to the wound, the edges of which looked sloughy. The sutures were removed, and the arm placed on angular splints.

September 15th. The patient was much better. Zinc dressing was ordered.

September 17th. The wound was healing. The pulse was distinctly felt in the radial and ulnar arteries, and the hand was of the same temperature as the other. The anastomotic vessels around the elbow-joint were enlarged, and could be felt pulsating.

September 19th. The upper ligature came away.

September 20th. The lower came away.

October 3rd. He was discharged as an out-patient. The wound was nearly healed, the arm being slightly bent.

Original Communications.

CASES OF NERVE-DISORDER, RECORDED WITH REFERENCE TO THE PROBABLE OPERATION OF MALARIA AS A CAUSE.

By C. Handfield Jones, M.B., F.R.S., Physician to St. Mary's Hospital.

Series II.

Case I. Alice W., aged 2, residing very near the canal at Kensal New Town, was admitted November 10th, 1856. She had been ill one year. She is emaciating; the abdomen is large, soft, and distended by flatus; the bowels are relaxed somewhat, the motions offensive. The tongue is clean. She takes her food well. Under the use of cod-liver oil, with steel wine and occasional doses of hydrargyrum cum cretâ, she improved till December 20th.

December 22nd. The following note was made. There are patches of roseolous rash all over her, with general pyrexia. She is very restless at night, and has great thirst. The bowels are open, the motions white and slimy. She has got all her teeth. She has gained much flesh. The oil was continued, and a saline mixture with henbane given also, and a dose of grey powder and rhubarb alternate nights.

December 29th. The head has been very hot at night, the back of it especially. She is delirious, startled, and restless at night, with cold perspirations. The motions are as before. The tongue is clean. She still gets stouter. The oil and steel wine were continued, and iodide of potassium with tincture of cinchona were prescribed in cascarilla infusion. One grain of Dover's powder was ordered to be taken every night.

January 7th, 1857. She still gets stouter, but is very restless at night, and scarce sleeps by day. She was ordered to continue the steel wine and oil, and to have three-fourths of a grain of quinine at four and seven P.M. daily.

January 12th. She has slept very much better until last night, when she had only one quinine dose. She is suffering again with feverish heat; the head is hot; there are red patches on the cheek and thighs. There was no pyrexia at the time of visit. She is much stronger, and looks very well.

January 19th. The face and legs are all covered with patchy redness, which appeared this morning. She has been very much better all the week. The oil and quinine were continued.

January 26th. She has been quite well, doing nicely all the week; she sleeps very well, and can now almost run about; a month ago she could not stand.

February 2nd. She has comparatively quite recovered. The bowels are right. She is much stouter. She has taken the quinine only since last date; the mother calls it "sleeping medicine." She was discharged.

Remarks. I suspect very much that the canal influence was concerned in causing this child's illness. The morbid phenomena were slight; bowel disorder, roseolous rash, nocturnal cerebral disturbance, and pyrexia. All these may be referred to paralysis of vaso-motor nerves. One may consider the cutaneous hyperæmia as an outward manifestation of that which took place at night in the membranes of the brain and produced delirium. The positive good effect of quinine, after other means, including direct sedatives, failed, testifies strongly to the malarious character of the morbid action. It is apparent how injurious any depletory treatment would have been, supposing the head affection to have been regarded as substantive.

Case II. W. H. B., male, aged 5, was admitted May 14th, 1857. He resides in Bayswater in a good situation. There are, however, some damp fields behind the house where building is going on. He has been lame three or four months, more decidedly ill the last three weeks. His mother states that he screams with pain in both legs the whole night through, only getting short snatches of sleep. The pain comes on half an hour after he goes to bed, whatever the hour be. The other night, after a warm bath, he was unconscious and delirious the whole night. During the day he is quite well, except that he cannot walk straight, and cannot bear any one to touch his legs. The appetite is quite good; the tongue much coated, with red tip; the bowels are regular; the urine very pale. He walks lame and unsteadily. His face is pale. He is naturally indolent, not like the other children. He was treated by iron and quinine with three grains of Dover's powder at night till June 1st, and improved somewhat. From June 1st to 4th, the iron and quinine were omitted.

June 4th. He does not sleep; is very delirious at night, screaming very much. He plays about in the day, but screams out if any one touches the leg. He walks very lame with the right leg, but there is no sufficient evidence of articular disease; he refers the pain to about the junction of the upper and middle third of the front of the thigh. He can walk a good deal better than he could at first. The skin is cool; the pulse quiet; urine natural; the bowels open; the tongue whitish.

℞ Ferri et quinæ citratis gr. viij; potassii iodidi gr. i; tincturæ nucis vomicæ ℥x; aquæ ʒi. M. Fiat haustus ter die sumendus.

Omni nocte sumat pulveris Doveri gr. vi.

June 11th. He is considerably better as regards his nights; he has slept remarkably well three nights without Dover's powder. He allows me to move the leg without complaint, and uses it himself more freely; he has walked to the hospital in half an hour less time than on any other day.

June 18th. He sleeps all night now. The mixture was continued, increasing the dose of iodide of potassium to two grains.

June 25th. The nights are more disturbed again; he cried all last night. The mixture was continued, omitting the iodide of potassium; and he was ordered to have a drachm of cod-liver oil three times a day.

July 2nd. He has had a good night, and is considerably better.

July 9th. He walks better, and looks well.

July 16th. He cried the whole of last night; other nights have been good. He walks limping, but is cheerful.

℞ Strychniæ gr. 1-30; quinæ disulph. gr. i; ferri sulphatis gr. ij; acidi sulph. diluti ♏v; aquæ ʒss. M. Fiat haustus ter die sumendus. The oil was continued.

July 23rd. There is high delirium at night when he takes the medicine, even in half-doses; he is well during the day. The bowels are right. The oil alone was continued.

July 30th. He is in great pain at night, wakes up, and cries much. The tongue is whitish.

℞ Morph. acet. gr. 1-6; aquæ ʒij. M. Fiat haustus omni nocte sumendus.

Omni nocte sumat hydrargyri cum cretâ gr. i.

℞ Pulveris rhei gr. v; tincturæ aloes ♏xx; aquæ cassiæ ʒiv. M. Fiat haustus omni mane sumendus.

August 3rd. He does not sleep at all, but cries all night through, even worse than before. The bowels are open; the tongue whitish. He was ordered to have two grains of disulphate of quinine with a little dilute sulphuric acid at seven and nine P.M. daily.

August 17th. He eats well and sleeps well; he has no screaming at night, but is in fact recovered. He halts in walking, but gets on well.

Remarks. This boy did not reside in a situation that would ordinarily have been suspected of malaria. He suffered, however, from well marked neuralgia with periodic exacerbations, controlled very positively by quinine, especially when given so as to anticipate the nocturnal attack, and not depending so far as appeared on any other cause than some endemic influence. It is especially worth notice that after he had benefited very greatly by iron and quinine with nux vomica, the administration of strychnine in place of the latter disagreed very decidedly, and seemed to aggravate the symptoms. I have observed this before; and I believe it gives the lesson that even when tonics are indicated in cases of nerve-disorder, it requires care to adapt them well to the system. They may entirely fail to do good from being in too large a dose, or in some form that causes irritation. It is never to be forgotten that most nerve tonics are tissue irritants, and that skill may be requisite to obtain the beneficial effect and avoid the injurious. As in case I, sedatives were useless. The length of time during which it was necessary to continue treatment, and the tendency to relapse, are points to be remarked. The cause of the abiding lameness was probably some permanent alteration of the muscular nerves of the part; there was certainly, as careful examination showed, no disease of the hip-joint.

Case III. Mrs. E., aged about 45, of dull puffy aspect, robust make, having had no children, residing in one of the best streets at the west end of town, came under my care in the beginning of April 1856. About two years before, she seems to have had rheumatism while at the seaside; her limbs she described as being stiff, and copious perspirations existing at the same time. After she had removed to an inland locality, she suffered a

severe attack of abdominal pain, on account of which she was treated by mercury every two hours until she became severely salivated. This was done from fear of cholera, which was prevailing at the time. Since this period she has never been well. She complains now of hot and cold sensations, occasional vomiting of food, oppression at the chest, sense of suffocation, tendency to faint, with apprehension of sudden death, so that she quite expects to be found dead some day. At times she is so nervous that she cannot bear the rustling of a newspaper. She is always worse in the early part of the day, and better towards night, but her sleep is often restless. Her memory appears to fail, sometimes so much that she cannot remember how to spell her name. The cold sensations amount at times to shivering; at others, she has perspirations. The pillow at night feels too hard for her head, which seems to her to yield and be pressed in. She has had rather profuse catamenial flow, but it has quite ceased for some months. She takes little exercise. The skin is cool; the pulse natural; the bowels costive. During the course of my attendance upon her at intervals for a year, the same symptoms continued more or less marked at various periods with other intercurrent phenomena. At one time her nose was stopped up, tender on pressure, with a slightly sanguineous mucous discharge; the tongue at the same time felt hot and sore. There was repeatedly a good deal of swelling of the hands and feet; of the latter especially, and most in the morning. In the latter part of the summer she fell into an extreme state of nervous depression, evincing the most extreme susceptibility to anything like a chill, her state being in fact such that the acutest observer would have been perplexed to say whether the root-malady was of mental or bodily origin. About the middle of January, she had an attack of facial neuralgia, with heat flushes and chills, general puffiness and swelling of the subcutaneous tissue, a sensation of being bloated, and general *malaise*. The catamenial discharge was very irregular—a mere occasional show. The pulse was quiet; the skin cool; the tongue sodden and whity. Three days later, having been put on quinine with nux vomica, she was much better; the facial neuralgia was nearly gone, and the puffy swelling of the hands was very much diminished. She could now close her hands, which before was scarcely possible. A symptom not unfrequently present was wheezing at night—a kind of asthmatic affection. Latterly, some circumscribed erythema has appeared on both legs. About the beginning of last June, she was suffering much with pain in the head, a stupified sensation, nausea and general depression. At the end of the month, she had an attack of hemiplegia, affecting the right hand and arm, and her power of speech was much impaired. In this attack I did not see her, being absent from town; but the opinion of the eminent physician who attended her, as expressed by himself to me, was "that the attack had more to do with some actual or threatened dilapidation of the brain or its vessels than with any active determination of blood to the part." The paralysis continued for about two months; there was no loss of consciousness at any time. After the paralysis occurred, she had a good deal of eruption about the neck and elsewhere, so that her skin at times was quite red.

The remedies employed have been strychnia, quinine, and iron, with occasional aperients; these have been of material benefit, though very imperfectly tried. Change of air on those occasions at least has been of remarkable efficacy, and is evidently that which she essentially wants. It restored her from the very depth of nervous distress and debility to a condition of perfect comfort, so that she was quite surprised at herself when she found what she was able to do.

Remarks. In its earlier period, this case might well have passed for an instance of hysteria (that indefinite, much abused term), or of amenorrhœal disorder. The remarkable benefit derived, on more than one occasion, from change of air, seems to go near to prove that the malady was of a different kind—a form of aguish disorder. Entertaining this view from the first, it was to me a matter of extreme interest to observe the various phenomena that arose, and to perceive how they were all referrible to the action of a poison on the nervous system. Some evidently had their seat in the cerebro-spinal, others in the vaso-motor nerves. Of the former class were the facial neuralgia, the hyperæsthesia, and the hemiplegia; of the latter, the heat-flushes and chills, the subcutaneous œdema, the syncopic tendency, and the erythematous eruption. The paralytic seizure was, I suppose, of the same kind as that designated by Abercrombie simple apoplexy. I entirely agree in the opinion above quoted, that the attack was not owing to sanguineous congestion; but I incline strongly to the view that the pathological state was rather one of functional disorder than of any organic change. It seems to me most highly probable that the motor nervous centre may be similarly affected as a muscular nerve in peripheral paralysis, or a sensory nerve in many neuralgic attacks. The exact kind of change which occurs we do not know, but it is evidently one which interrupts the function for a time. M. Bailly, whose work on pernicious intermittent fevers is well worth perusal, recognises most distinctly a form of coma depending solely on a particular state of the nervous force, quite independent of congestion. The subcutaneous œdema was a very curious symptom, and was most palpable, and was not to be accounted for by any disease of heart or kidney. Like the other phenomena belonging to the vaso-motor nerves, it seems to imply a loss of power, a degree of paralysis in them. In short, if we regard the case as one in which a poisonous influence was acting on and depressing the *vis nervosa* throughout the system, the manifold phenomena become quite intelligible. The marked benefit derived from the use of nerve-tonics shows that the condition of the nervous system was one of depression and debility; and the still more decided good produced by change of air makes it very probable that the poisonous influence was of local origin. Dr. Copland notices the morning depression and evening amelioration as a symptom often observable in chronic obscure remittent—a term which correctly designates, I think, the foregoing history.

Case iv. M. B., aged 41, the wife of a butcher, was admitted July 2nd, 1856. She had been ill two months. She suffers with swimming in head, pains about the sacrum, dimness of sight, flushes of heat preceded by chills, and failure of memory. Her appetite is bad; the tongue is too red; the urine is very high coloured. She has much thirst; the bowels are regular. There is no uterine affection. Ten days ago, she got out of bed at midnight, and fell down insensible, and remained so for two hours: she felt very ill in the morning. At this time last year, she had attacks of giddiness and violent retching for twenty-four hours. She took sulphate of strychnine, with citrate of iron and quinine, for about seven weeks; and improved very much.

Remarks. I regard this as an instance of a weak nervous system succumbing under some depressing poison; it may be a malarious miasm, or foul gulley-hole emanations, or some undefinable urban influence. It is clear that good was done by sustained tonic treatment, enabling the weak system better to resist the depressing agency.

Case v. D. M., aged 22, was admitted February 13th, 1856. He had been employed as a boatman on Paddington Canal for nine years. He is of healthy aspect. He had rheumatism badly two years ago. He was attacked with hemiplegia three weeks ago; the right arm and leg are affected, and also his speech. He has no pain in the head; the intellect is clear. The skin is cool; the pulse weak; the bowels open. Iodide of potassium, and afterwards bichloride of mercury, were given during the first four or five weeks, with some, but not much, benefit.

March 15th. He was feeling very weak, faint, and languid. Quinine was then given, at first three grains, afterwards seven grains, three times a day. Under this he improved at once and decidedly, and was able to return to work about the middle of April. A month later, I heard that he remained at work on the canal, and that his speech and motor powers were very fairly perfect; but he had no appetite, and was getting thin. From this I was quite prepared to hear that, a few days afterwards, he was again attacked with hemiplegia, but now of the left side—the opposite to that first affected. His speech was also lost, and he experienced a degree of faintness. The attack occurred at Tring, where he was under the skilful care of Mr. Dewsbury, who kindly favoured me with a history of his state. As the hemiplegia yielded, acute rheumatism appeared.

Remarks. I can hardly think that the paralytic seizures in this case depended on any organic disease. Had such been the case, it is not probable that the affection would have occurred the second time in a different part, or that recovery should have taken place after two attacks, or that quinine should have been of decided efficacy for good, as it was on the first occasion. From the experience I have had in other instances of the injurious influence of a residence near a canal on the health, I am much inclined to believe that this man owed his hemiplegic attacks to some malarious emanation from this source. It seems to me also far from improbable that the sequel of acute rheumatism in the second attack was not an accidental occurrence, but that the same morbid influence affected at first the brain, and afterwards the vaso-motor

nerves of the limbs. It is an old opinion, that rheumatism and malarious disorder are in some way allied.

Case vi. S. A., aged 50, female, married, who had had four miscarriages and three children, was admitted April 9th. She had rheumatic fever six years ago. She has been salivated severely. She is of rather sanguine aspect, and has always been subject to indigestion. The heart is enlarged; it beats in the epigastrium, as well as in the normal site; the sounds are nearly normal. Breathing is easy now; but she is awakened after an hour's sleep at night, with wheezing in the chest—a kind of asthmatic paroxysm. The urine is clear and free. The catamenia ceased suddenly two years ago. The pulse is regular, weak. The tongue is clean. She has some cough and expectoration. There is much leucorrhœa. Under the use of various tonics, latterly three grains of quinine three times daily for nearly fourteen days, she improved much. On June 10th, she reported that she had been going on quite well till May 30th, when there came on a discharge of blood from the left nostril; and the next day she had a sort of fit, in which she was unconscious for an hour. The attack came on suddenly, and was preceded by throbbing of the left side of the head and palpitation. She had now a mucous discharge from the nose, and pain on the left side of the nose, the orbit, and forehead. The pulse was quick; she had no appetite. She felt very weak indeed, and had copious perspiration at times; no chills, but heat-flushes. The bowels were well open. Quinine was continued in four-grain doses three times a day, with twenty minims of tincture of sesquichloride of iron. After four days, this was changed for eight grains of quinine three times a day.

June 21st. She stated that the nasal discharge was what she had most to complain of; it occurred from both nostrils, was bloody, and attended with pain and heat about the bridge. She derived much benefit from the medicine, and was worse if her supply failed her.

June 28th. She was still further improved, and the discharge from the nose was not at all like what it had been. She then quitted London.

Remarks. This patient's health had no doubt been much impaired by the severe salivation and the miscarriages she had suffered. The attack on May 31st was no doubt one of cerebral congestion, dependent on paralytic dilatation of the carotids and other vessels, chiefly the left. It was similar to apoplectic seizures, referred to by Mr. Martin, at page 204 of his work, where he quotes Dr. Henderson's opinion that the distinction between apoplexy and remittent fever was scarcely possible. The epistaxis and mucous flux were both poured forth from surfaces supplied by ramifications of the paralysed vessels, and probably gave some relief to the cerebral congestion. The nerve-toning action of quinine both relieved the head and diminished very much the morbid flux by lessening the flow of blood to the seat of morbid action.

HYSTERICAL COMA, WITH PARALYSIS.

By James Williams, M.D., Aspley Guise.

[*Read before the South Midland Branch, September 29th*, 1857.]

Emma K., of Apsley Guise, aged 20, daughter of highly scrofulous parents, at the age of fourteen became the subject of scrofulous ophthalmia, which continued some time, and left bad opacities. Soon after this, she had bronchocele, which was treated in the usual manner, and in a few months gradually subsided. This was followed by a loss of voice, which has continued, with some intermissions, until the present time. About this time (1852), mesenteric enlargement came on, rendering the abdomen tense and indurated, interfering very much with the healthy development of the system. These symptoms continued for upwards of two years, with all the usual accompaniments, variable appetite, etc., and torpor of the whole frame, with troublesome hysterical symptoms. After some eighteen months treatment, the tumefaction began to subside; and, at the termination of the period above mentioned, the hysteric fits became gradually of an epileptic character, and on one occasion, during the autumn of 1855, she had as many as eight distinct seizures. After eating a very hearty supper, she had a severe fit, in which the eyes became closed, and articulation totally lost for eighteen weeks; that is, from October 15th, 1855, till the following March 1856.

After Emma K. had been in bed about a month, her sister (who had been consumptive for several years) died. During her sister's illness, Emma K. lay very still generally, and especially when any one was in the room conversing with her sister. When the consumptive sister was dying, Emma was very restless, but did not notice her death particularly.

When the bell was tolling for Elizabeth's funeral, Emma beat time with the bell; and, when the dead body was removed, she motioned them back towards her with her hand. She also made a mourning noise after the people had left the house, but no articulate sound.

During the whole time (five months) of this partially insensible state, she had occasional fits, and, during the early part of the attack, she passed her motions and urine involuntarily, and seemed to all appearance like a person labouring under the coma attendant upon apoplexy. In the course of six or seven weeks, consciousness gradually returned, and she showed some restlessness upon wishing to pass her motions, and soon after this she would signify her want of food by gnawing her finger; and, if she wanted drink, would lift her hand before her mouth, as we should do in raising a cup.

The catamenia appeared once (and the *first time*) only during the early part of the semi-unconscious state. Blisters were applied to the neck, and the head shaved, with no effect. Other judicious treatment was adopted, but with no beneficial result. Our lamented friend Mr. Thomas Camps, of Fenny Stratford, saw her. He attributed the symptoms to scrofulous taint, and prescribed iodide of potassium; but this made her restless, and it was therefore discontinued.

On one or two occasions, I tried to raise her from the bed, but the body became perfectly rigid, and convulsions were sometimes induced thereby. If an attempt was made to open the eyes, they closed the more violently; scarcely any of the cornea could be seen, from the upraised condition of the eyeball. She would generally put out the tongue when requested to do so, and sometimes nod assent to questions. It may be mentioned that, if the body were raised in bed, and the support for a moment withheld, she fell like a totally inanimate substance.

About a month before she opened her eyes, a seton was inserted in the nape of the neck, and gave no apparent pain. This is also the case in catalepsy, epilepsy, and apoplexy; but in hysteria the patient is conscious, and remembers events. When the seton became inflamed and the discharge established, she manifested uneasiness when it was dressed. After the discharge had been established about a month, with no other apparent change, one eye opened, giving her a very strange appearance. This was on March 12th. Next day, the other eye opened (March 13th); and the next day (14th), she spoke, and afterwards conversed with her mother, having been unable to do either for upwards of five months. She had no recollection of her sister's death, nor indeed of anything that had occurred in the interval, though, as I have shown, she had consciousness generally as regards the mind, except during the first month of her illness, but no physical sensibility as to pain.

After the recovery of her sight and articulation, she gradually improved in other respects, but remained in bed another week. Her legs continue flabby and swollen to this day, and her voice has been lost again nearly twelve months. One eye has a large speck upon it; the mind is weak; and the system generally in a very feeble condition. The bowels are smaller, though still large; and difficulty of swallowing also remains a troublesome symptom, and hard food is much disliked. It should be stated that the various members of the family are below the average standard of intellect.

The foregoing narrative contains much to interest the more philosophical and speculative members of our profession; and I would gladly have entered upon the various connexions with chorea, catalepsy, etc. The field, however, is so wide that, for the present, I must be content with this brief outline of facts.

The reading of this paper elicited considerable discussion, in which cases were quoted bearing upon the hysterical origin of the case. Instances of feigned disease were described, in which some similarity was supposed to exist. The general opinion, however, was, that the case in question was not assumed, but real disease, dependent upon the presence of scrofulous tubercle upon the brain, probably about the crura cerebri and origin of the portio dura, thereby producing and perpetuating irritation to the extremities of the facial nerve, until absorption gradually took place, releasing the patient from the strange vagaries of disordered physiological and pathological conditions.

CONTRIBUTIONS TO THE DISEASE STATISTICS OF BEDFORD AND ITS NEIGHBOURHOOD.

By WILLIAM BLOWER, Esq., Bedford.

[*Read before the South Midland Branch, September 29th*, 1857.]

I. MEASLES.

MEASLES, according to observations made during my residence at Bedford, occurs as an epidemic in this town every sixth year. Thus it has prevailed here under this form, within the period of my acquaintance with the diseases of this locality, in the years 1826, 1832, 1838, 1844, 1850, and 1856; but of its history previous to the earliest of these dates, I have no knowledge. This disease has occasionally been introduced here at other times; but in this case it has not spread extensively, and has only affected those who have had communication with the sick; whereas, in the years specified above, it has prevailed generally throughout the town, and has attacked most of the parties unprotected from it, even in many instances where no direct or indirect exposure to contagion could be traced. It has not always occurred in the same season of the year: in 1826 and 1832, it prevailed in the winter; in 1838, in the autumn; in 1844, in the spring; and in 1850 and 1856, in the summer. Its ordinary duration has usually been about four months, exclusive of the occurrence of a few cases before the disease became general and after it had abated. The virulence and the consequent mortality of this disease depend partly upon its type, but principally upon the season of the year at which it occurs: thus, when it has prevailed in the winter and in cold and wet weather, as in 1826 and 1832, the cases have been severe, and the mortality great; whilst when it has occurred in the summer and in warm and dry weather, the cases have been mild, and the mortality consequently slight.

This periodical recurrence of measles, as an epidemic every sixth year, has not been noticed by any British medical author that I am acquainted with; but Dr. Dewes, an American, mentions it in his treatise on the *Diseases of Children*.

On two occasions, during my residence at Bedford, a peculiar disease, apparently a compound of measles and scarlet fever, has occurred here as an epidemic. It has the external character of measles and the internal affection of scarlet fever; but it is not prevented by previous attacks, nor does it prevent future attacks of either of these diseases. Dr. Copland has given a description of it in his *Dictionary of Practical Medicine*, under the head of "rubeola"; but I am not aware that any other English medical writer has noticed it.

II. BRONCHOCELE.

Some time ago, I was called to attend a woman at Oakley, who was suffering from a large bronchocele. On inquiring into the history of the case, I learned that it came on during a residence at Ridgemount; and the patient remarked that no female could live in that place for six months without having either a thick neck or thick legs. Shortly afterwards, I was sent by the relieving officer of my district to visit a poor woman residing in Bedford, but who came from Ridgemount; and she too had an enormous bronchocele. I have also been informed by other parties that this disease is very prevalent in that village, and that almost all the inhabitants derived their supply of water, until lately, from one well.

Ridgemount lies about twelve miles south-west of Bedford, on the brow of a hill or chain of hills at the northern extremity of the green sand and near to the Oxford clay. The common well is situated on the side of the hill, near to the top; and the water, on being subjected to chemical analysis, exhibited the absence of free carbonic acid, and consequently of bicarbonate of lime, and also of magnesia. The water of the well at the railway station in the valley contains an abundance of these substances, and no case of bronchocele has ever occurred here. The Duke of Bedford has, within the last two or three years, caused other wells to be dug; but I am not acquainted with the contents of their waters, or whether any change has taken place in the prevalence of bronchocele, since they have been used.

The absence of free carbonic acid and of bicarbonate of lime from the water in places where bronchocele is endemic, has been recorded by many observers. Thus, Dr. Falk, in his thesis on the *Endemic Bronchocele of Nassau and the Electorate of Hesse*, relates that in the places where this disease is frequent, the water is characterised by the absence of free carbonic acid, and consequently of bicarbonate of lime. Dr. Black, in an article on the Medical Topography of Bolton, inserted in the fifth volume of the *Transactions of the Provincial Medical and Surgical Association*, states that bronchocele is so prevalent in that town as to be reckoned an endemic, and that the water contains only an appreciable impregnation of lime. Humboldt also says, that it prevails in districts where the water is free from calcareous impregnations. And many other writers state the same fact either directly or indirectly.

Bronchocele is not of common occurrence in the town and neighbourhood of Bedford, except at Ridgemount, and in persons who have resided there. A slight enlargement of the thyroid gland is occasionally seen in strumous and anæmic young females, but the tumour does not attain the size or acquire the character of genuine bronchocele. The spring water contains free carbonic acid and bicarbonate of lime in considerable quantities; but the river water is nearly destitute of these substances. Persons who live near the river use the water without being subject to bronchocele. This exception, however, can be accounted for by the fact, that the water contains a large quantity of chloride of calcium—a substance which, under the name of muriate of lime, was regarded before the discovery of the medicinal properties of iodine as a potent remedy for bronchocele—and thus, that the simultaneous occurrence of the antidote with the bane prevents its evil consequences.

Numerous theories of the cause of bronchocele have been published, but not one of them has stood the test of criticism. It may, therefore, appear presumptuous to hazard another, which may run the risk of sharing the fate of its predecessors. I trust, however, that I have made out a case which merits further investigation, and one which will induce medical practitioners, resident in or near places where bronchocele is endemic, to analyse the water, and ascertain whether it shows the same deficiency of free carbonic acid and bicarbonate of lime, as in the instances narrated above.

III. NYCTALOPIA.

Nyctalopia, that morbid affection of the visual organs in which the patients can see in the day-time, but are blind during the night, has generally been considered by ophthalmic authorities to be of rare occurrence in this country. Within the last few years, however, numerous cases have occurred at Kempston, a large and populous village situated about two miles west of Bedford. It was first noticed about the year 1840; and for some time it appeared to be exclusively confined to that place; but latterly a few cases have been observed in the surrounding parishes. The parties affected have been almost exclusively males. I have not heard of more than two females who have suffered from it. All the patients, except one male and the two females, have been employed in the open air from sunrise to sunset; they have principally been agricultural labourers or gardeners, and they have belonged to the poor and labouring classes. It has occurred at all ages, and has attacked boys of 12 years, and old men of 70. It usually commences at the latter end of February, and continues until June, when it ceases, and does not recur in the autumn. Those persons who have once suffered from it, appear predisposed to be affected again the next spring. Last year, however, I met with a case in August, and this year I have met with another in September (the present month); and these two cases, together with that of one of the females who was subject to it during pregnancy, have been the only exceptions to its occurrence in the spring. The number of cases seems to be in some measure dependent upon the season; as after mild winters, when there has been but little snow, the cases have been few; whilst after severe winters, when there has been much snow, the cases have been more numerous.

It does not in general prevent the patients from following their accustomed occupations; as the agricultural labourers and gardeners have been able to continue their employment during the day, although they have not unfrequently been obliged to be led home from their places of work in the evening, when they have stayed out after sunset. In the case which occurred in August 1856, the man told me he had to be guided off the corn-stacks which he was building when he remained until dusk; and in the case of the present month, the patient, a carpenter, resident in Bedford, but who has been working at his trade at Kempston for the last six weeks, and who was attacked about a month ago with nyctalopia, has his face marked by contusions which have been occasioned by his inability to see when he has been late in going home. These persons have only experienced inconvenience in the evening and night, and have not suffered any pecuniary loss by the disease; but in one instance, the patient, a game-keeper, whose duty included watching the preserves at night, was incapaci-

tated for this service, and, of course, was dismissed from his office.

A few of the patients have complained of aching about the eyebrows; but the greater part sustain no pain or inconvenience, except that arising from the blindness at night. They appear to see tolerably well during the day, but at sunset the sight becomes dim, and as the darkness increases, the dimness of sight increases, until they become totally blind. On a careful examination, the only deviation from the normal character of the eye observable is a dilatation of the pupil, indicating diminished sensibility of the retina—the probable cause of the blindness in a dim light. The sight does not sustain any permanent injury; as, after midsummer, in those cases which occur in the spring, it is as good as it was before the attack.

The parties affected by it do not take so much notice of it now as they did when it first occurred, for they find by experience that it ceases at midsummer, and that medicine has but little influence upon it. The popular remedy is the effluvium from fried bullock's liver, but it appears to have but little if any good effect. Five grains of blue pill taken at bed-time relieves the brow-ache, and seems—at least, in the opinion of the sufferers—to mitigate the affection, so as to have acquired for the medicine the name of "night-blind pills". Patient endurance, fortified with the confidence that the affection will cease at midsummer, and the careful avoidance of being from home after sunset, is, however, on the whole the best course for the sufferer to pursue.

LABOUR, WITH PERFECT OBLITERATION OF THE OS UTERI.

By R. G. Mayne, M.D., Surgeon, Leeds.

[*Continued from page* 752.]

I stated that I had neither heard nor read of a strictly analogous case, and now offer the grounds of this qualified statement.

The late Dr. Wm. Campbell of Edinburgh, in his obstetrical work, relates two cases of very close contraction of the os thus: "Both were first pregnancies: in the first, uterine action continued about twelve hours before the os uteri could be distinguished, when it felt like a minute cicatrix." . . . "The second had regular pains for two nights and a day before the os uteri could be perceived, and she suffered so severely as to require three persons to keep her in bed. Both patients were largely bled, gave birth to living children, and had a good recovery."

Churchill had "a case in which the os uteri was not observable until after forty hours of labour, and then it was felt about the size of a small crowquill. Notwithstanding the delay and obstruction, however, the patient was delivered naturally of a living child."

Rigby says: "We may suspect the protraction of labour arises from agglutinated os uteri when at an early period of it we can discover no vestige of the opening in the globular mass formed by the inferior segment of the uterus, which is forced down into the pelvis, or at any rate when we can only detect a small fold or fossa, or merely a concavity, at the bottom of which is a slight indentation, and which is usually a considerable distance from the median line of the pelvis. The pains come on regularly and powerfully; the lower segment of the uterus is pushed deeper into the cavity of the pelvis, even to its outlet, and becomes so tense as to threaten rupture; at the same time, it becomes so thin that a practitioner who sees such a case for the first time would be induced to suppose the head was presenting, merely covered by the membranes. After a time, by the increasing severity of the pains, the os uteri at length opens, or it becomes necessary that this should be effected by art; when once this is attained, the os uteri goes on to dilate, and the labour proceeds naturally, unless the patient is too much exhausted by the severity of her labour."

Burns (*Midwifery*, ed. ix, p. 460) states: "The os uteri may be naturally very small. In some instances, it has with difficulty admitted a sewing needle; and in some instances I found it impervious, hard, circular, and with difficulty discovered, but it gradually dilated."*

These cases, real and hypothetical, refer to *first* pregnancies, and to *patent*, though extremely constricted os, in one instance indistinguishable till after twelve hours action of the uterus, when it felt "like a minute cicatrix"; in another, imperceptible till after "regular pains for two nights and a day"; in a third, not discoverable till "after forty hours of labour"; in a fourth, similarly hidden till after protracted labour. They therefore do not present the strict analogy to that forming the subject of this paper, which has been referred to, Mrs. W. having had several children, and there being no patency of the os whatever.

Burns continues: "It is also possible for the os uteri to be closed in consequence of inflammation, so that it has been necessary to make an artificial opening."† This is the only mention of obliterated os uteri the result of inflammation, which, in my limited resources of reference, I have been able to meet with. In conjunction with it, I take the liberty of here repeating, from the passage in the *Dictionnaire de Médecine* quoted by Mr. Hatton, the only sentence to my purpose:—"But it is also demonstrated by facts of anatomical pathology, that the orifice becomes completely obliterated in consequence of inflammation of the mucous membrane which invests it." Mr. Hatton's case appears not to have been of this character at all, but similar to those previously cited; for although, in it, the constriction or contraction was so great that "no os uteri could be detected," there had been no disease of the womb, so far as ascertainable; and the impregnation indisputably implies some degree of patency, however minute. Then, it was a first pregnancy, and the patient had menstruated regularly from the age of sixteen (whether this regularity has regard to time, or quantity, or both, is not stated); and there was "a slight degree of puckering, or rather roughness," concluded to be the site of the (assumed) imperforate os uteri.

The two extracts in the preceding paragraph, from Burns and the *Dictionnaire de Médecine*, are well illustrated by the case reported by me, some of the antecedents of which I will now give. Mrs. W. had long been severely afflicted by a condition of the womb which, though its real character is still matter of dispute, is well understood by *ulceration of the mouth and neck*, accompanied by excessive discharge, much pain and exhaustion. She came under my care towards the close of 1855, in a very broken-down condition; life seemed burdensome, and she was scarcely able to move about, having been an invalid from the same cause, in greater or less severity, for some years before, during which she had not been pregnant, and had undergone medical treatment without relief. A few weeks attention, on the principles so ably laid down by Dr. Bennet, very much improved her state; and, by perseverance in the same course for a further period, she ceased to come to me, being quite restored to health, and in the enjoyment of comfort and strength, which she had long been deprived of. I heard no more of her till she called to engage me to attend at her confinement.

With reference to my inquiries at the bedside, already referred to, as to any sensation of uneasiness in the uterine region after she became aware of her pregnancy, I subsequently drew from her the following facts:—That, in her fifth month, as she thought, she accompanied her husband on an excursion trip by railway to Manchester; that, as is usual on such "pleasure" jaunts, the progress, what with stoppages and delays, was made as tedious as possible, causing her considerable uneasiness then and during her fatiguing walks through the streets; that they left Manchester about 10 o'clock at night, and arrived again at Leeds between 4 and 5 next morning. This long confinement to a cramped position greatly increased the uneasiness in the lower part of the body, so that she had much pain and difficulty in reaching her home, which is about three quarters of a mile from the railway station. Her sufferings in this way continued till within six weeks of her delivery, when they altogether ceased; but she had not applied for help any where, under the idea that, though unknown in her past experience, they depended upon her pregnancy. I submit that there is here a satisfactory explanation of a case which, so far as I have been able to discover, is singular as to the *perfect obliteration of the os*, not only after impregnation, but after several natural full-timed births.

* "In a case probably of this kind, from Guy's Hospital Reports, no os uteri could be felt. An incision was made into the tumour formed by the uterus in the vagina, and the contractions seem to have lacerated this farther. Great exhaustion followed the laceration and birth of the child, with rapid pulse; but the patient recovered." (*Lancet*, June 1837, p. 392.)

† "*Vide* Case by Campardon, in *Recueil Period.* tom. xii, p. 227. Muscati gives a case where, in consequence of injury by the forceps, the os uteri was so small that it would not admit a probe. A number of incisions were made round it, after which it dilated. In the next pregnancy, slighter incisions sufficed; and in the last, none were required. Aubertin performed in a case of this kind the Cæsarean operation. In a subsequent pregnancy, in the seventh month, the cicatrix was ruptured, and by very little enlargement a child was successfully extracted. In a case by Gautier, the os uteri was obliterated after a labour in which the shoulder presented. The menses were retained, and required a perforation for their evacuation."

A few words as to the treatment. In mentioning this case to one or two professional friends, I was told that a crucial incision would have been best, as the approved practice in obstructed menses, etc.; but from this I dissent. In primiparæ, where the os is like "a minute cicatrix", "a small crowquill", "a slight indentation", or is "impervious, hard, and circular", the crucial incision may be the very best; but where the known recently existing state of parts was that of ample development after repeated child-bearing, and where, therefore, the new formation must extend, lengthwise, from side to side, and be comparatively narrow from back to front, such incision was neither required nor applicable. Bleeding, large or small, was never thought of. It startles one to read of the Cæsarean operation having been performed "in a case of this kind"; and as for destruction of the child in Mr. Hatton's case, this was resorted to on other grounds than the occlusion, and which were deemed sufficient to demand so serious an expedient.

CASE OF CUT-THROAT: RECOVERY.

By WILLIAM THURNALL, Esq., Bedford.

[*Read before the South Midland Branch, September 29th*, 1857.]

ON September 4th, 1855, G., aged about 37, a sub-contractor on the Leicester and Hitchin Railway, attempted self-destruction about 4·30 P.M., by cutting his throat with a razor. He had been in a desponding state of mind for some time previous to the injury, and had suffered from severe diarrhœa for four days.

When I arrived at the house, about half an hour after the occurrence, I found him upstairs lying on his back, having been placed in that position by two of his neighbours, who attended immediately upon the alarm being given by his wife. There was a very large quantity of blood upon the floor, and upon examining the wound, I found that an incision, about four inches in length, had been made across the os hyoides, which bone had a groove across the whole of the front surface produced by the razor; a second incision had evidently been made a little higher up, which was six inches in length, and extended from about half an inch from the left angle of the jaw to the right angle of the jaw. The muscles were all divided above the larynx, and the œsophagus was cut through the whole extent, except a small portion at the posterior part. The internal edge of the wound on the right side appeared to be more extensive than the external, as though the point of the razor had been depressed when it arrived at that part, and the muscles in that situation were very much jagged. Upon removing a quantity of coagulated blood from the throat, the large vessels on the left side were found to have just escaped the instrument, but both external and internal carotids on the right side were divided. When the clotted blood was removed from the wound, a gush of blood took place from the external carotid, which was immediately secured, and, while the ligature was being applied to it, a very considerable jet of blood, evidently from the internal carotid, took place; I immediately seized with a pair of forceps a mass of muscle in the direction of the jet, which arrested the hæmorrhage, and as soon as the external was secured, I proceeded to search for the wounded internal, but from the jagged state of the muscles, the great retraction of the vessel, and the hæmorrhage having ceased, it could not be found. The upper end of the external carotid was secured as well as the lower. Another artery, probably the lingual or anterior facial, was secured, also a vein which bled freely, and was supposed to be the sublingual. Mr. Harris of Springfield, who was passing by at the time, was kind enough to render me valuable assistance.

The man appeared fast sinking, and about an hour after the injury the pulse at the wrist was barely perceptible; it gradually became weaker, until quite imperceptible, and remained so for at least four hours, during which time the only way I could tell that a spark of life remained, was by placing a candle near the wound and examining the epiglottis, which merely quivered, but did not half close the glottis. So convinced was I that the man was fast sinking, that I spoke to the chief constable as to the time the inquest would be likely to be held the following day. Reaction very gradually returned, and about eleven o'clock he was carefully removed from the floor (where he had remained from the time of the injury), and placed in bed. He vomited three or four times during the night, when a dark grumous fluid gushed through the wound, a very small quantity upon one occasion coming out of the mouth.

September 5th. At 7 A.M. his pulse had much improved, he became perfectly sensible, and made signs for his daughter to come to him. No hæmorrhage had taken place during the night, but a considerable quantity of saliva and mucus tinged with blood continued to escape from the wound. During the day, he was enabled to write on a slate anything he wished to communicate; and in the evening, the tube of a stomach-pump was introduced through the mouth into the stomach, and about a pint and a half of new milk was injected by means of an India-rubber hydrocele bottle.

From September 5th to the 10th, he continued to sleep well at night, and about a pint and a half of strong beef tea was thrown into his stomach night and morning. On the morning of the 10th, Mr. Couchman and myself closed the wound about two-thirds in extent by means of several sutures, the patient having been kept constantly from the time of the injury on his left side with the head well bent forward on the chest; about an inch and a half of the wound on the left side was left open to allow the mucus and saliva to escape. In the evening, an aperient was given with his food, his bowels not having been opened since the injury.

September 11th. He had a restless night, and complained of much pain in the wound since the sutures were applied. There was a slight erysipelatous blush about the edges of the wound. Cold water dressing was applied; the bowels were not yet relieved; pulse 84. Up to this time, when he tried to talk, the sound was a hoarse kind of whisper, and only a very few words could be understood.

September 12th. He had a better night; pulse the same as yesterday. The bowels were slightly moved; the aperient was repeated. During the night, the patient sneezed and tore out several of the sutures, and the wound being disposed to gape, a broad band of strapping was applied round the throat just below the lower edge of the wound. He said he felt better; the inflammation about the wound was less; and the discharge looked healthy.

From this time he progressed favourably; and about three weeks after the injury, he was able to swallow fluids with care, pretty well; and at the end of about two months, the wound was perfectly healed. Mastication, deglutition, and speech, were impaired for four or five months after the injury, but gradually improved; and eighteen months afterwards, the only perceptible inconvenience was a rather guttural sound of the voice.

USE OF COFFEE IN THE TREATMENT OF STRANGULATED HERNIA.

By JOSEPH B. SAMMUT, M.D., Malta.

HAVING lately perused an Italian medical journal, I was struck with the simplicity of a remedy proposed for cases of strangulated hernia; the efficacy of which I have since had occasion to prove. Not having observed any mention of it amongst the several remarks on this subject in our JOURNAL, I think it might not be unacceptable to draw attention to a method of cure at once so simple and easily obtained. The case was as follows. A coloured man, aged about 55, very robust, cook in a merchant vessel, had been in the habit of wearing a truss for an incipient inguinal hernia, but had left it off for some time. On the evening of October 7th, he, having spent some hours on shore, returned on board somewhat intoxicated, and commenced wrestling with some of the men, when, on a sudden, he felt so severe a pain in the right inguinal region, as to lead him to suppose he had received a kick, but which, from subsequent information, I have reason to conclude was not the case, but simply the hernia descending into the scrotum. He was put to bed, and in some hours afterwards symptoms of strangulation appeared. I did not see him till the following morning between seven and eight o'clock. Having placed him in a convenient position, I tried the taxis, but the patient could not suffer my touching him. I then determined to try strong infusion of coffee (one ounce to each cup), when, to my surprise, after drinking the first cup, the patient's face appeared less anxious, and I was enabled to reduce the hernia with little trouble. This was a result hardly to be anticipated, as the desired effect does not usually take place before administering half a dozen cups, allowing a quarter of an hour to intervene between each. This remedy is frequently used in Habana with success, and has been often tried with equal success by many practitioners; at times in combination with the bath, belladonna ointment over the tumour, etc.

Introductory Lecture

TO A

COURSE OF GENERAL PATHOLOGY;

DELIVERED AT THE

GROSVENOR PLACE SCHOOL OF MEDICINE.

By John Cockle, M.D., Member of the Royal College of Physicians; Lecturer on General Pathology at the Grosvenor Place School of Medicine; etc.

Gentlemen,—We meet for the first time to study a very important branch of the profession you are entering upon—General Pathology; a branch, indeed, which, as it was the earliest, so, also, is it the most essential as a stable foundation for erecting the edifice of practical medicine in its most comprehensive import. In this theatre you are to acquire a knowledge of those general principles which, if intelligibly taught, will enable you to survey particular diseases, as it were, from a high vantage ground, and establish for you that character as philosophical observers which it should be your ambitious and conscientious endeavour to obtain. You will thus elevate yourselves above the mere routine practitioner, and acquire a facility in analysing and interpreting the multiform elements which occasionally associate themselves with the simplest diseases.

On the importance of our subject, then, and the necessity of a familiarity with its principles, I will, for the present, no longer dwell. To the earnestness with which you should regard it, and the teachable spirit you should possess, no nobler incentives should be needed. In this department of knowledge, as in every other, let me also inculcate seriousness of purpose, unremitting industry, and perseverance. The trifler neither respects himself nor others. He offers but a mocking worship at the shrine of truth. Remember, that whether the goddess will deign to unveil herself to the questioning of her votary, will mainly depend upon the sincerity and constancy of the appeal. Still, with the highest degree of talent, and the best of intentions, you will, during your pilgrimage, wander through many a Cretan labyrinth of error, unless you advance with *order*. This is the true thread of Ariadne. Not pathologic science alone, but every other, requires, for its philosophic prosecution, to be studied after a prescribed order or method.

Victor Cousin well remarks: "As is the method of a philosopher, so will be his system; and the adoption of a method decides the destiny of a philosophy." The method you are to employ must be in accordance with the great precept of Descartes: "To commence with the simplest phenomena and the easiest to recognise, gradually ascending to the more complicated phenomena of the series." This precept must be our guiding star—the very essence of our teaching. But, you will naturally ask, Is there a systematic plan whereby to detect these simple phenomena, the verification of which is so indispensable for the formation of the general notions and principles of pathology? *Three* principal means of investigation are afforded us—*Observation*, *Experience*, and *Analysis*. These, according to Lord Bacon, are the instruments with which we are to interrogate nature.

With regard to *Observation*, Zimmermann, in his treatise on *Medical Experience*, observes that "It was observation that first gave rise to the art of healing, and has since led it on towards perfection. Physic, without observation, is only an empty sound. The first care of physicians was to form ideas of individual things; after which they began to reason on these, and then, deducing the consequences of each, they gradually went from particulars to general ideas. Observations are therefore the basis of all our reasonings. If they are good they are acknowledged as *data*."

Let me give one more quotation, from the Roman Hippocrates, Baglivi:

"The two chief pillars of physic are, Reason and Observation. But Observation is the thread to which Reason must point. Every disease has, not a fictitious, but a certain and peculiar nature, as well as certain and peculiar principles—increase, state, and declination. Now, as all these are brought about independently of the mind, so, in tracing their nature, we have no occasion for a subtle and disguised way of disputing, but only for a repeated and diligent observation of what happens to the several sick persons, and such an acuteness of mind as is conformable and obedient to nature's measures."

These extracts strikingly exemplify the value of a habit of faithful and correct observation. Nothing can compensate for its deficiency or supply its place. Unless this habit be sedulously cultivated, our mental powers would languish or be misapplied. Medicine as a science has its foundations based upon the observations of centuries. What made the great physicians of antiquity models for all coming ages? Is not the name of Hippocrates a household word? Is he not the Genius we invoke when we would excite in others the desire to work out an imperishable reputation? Mere theories and systems vanish, like the shifting scenes of a drama, in rapid succession. Many fall still-born, or, at best, rarely survive their originator, however dazzling the eloquence by which they were supported. But the history of well-observed facts lasts through all ages, and is read and re-read with an interest ever fresh and a result ever profitable.

Gentlemen, I cannot here suffer the opportunity to pass of recalling to your mind that portion of the introductory lecture, in which the eloquent lecturer, by a happy use of the figure of contrast, described the changeful face of science. He spoke of the days of Richard the First—of the cloistered schoolmen—of their ardent gaze at the nocturnal Heavens—and their belief that the music of the spheres was to them an audible language, proclaiming that "to-morrow would be even as to-day." He then skilfully changed the scene, and disclosed the vanity of their life's dream. But this is the heritage of humanity—to be by hope beguiled. How often does the speculative philosopher of the hour believe that his life comprises the Alpha and Omega of science. Our sphere is not speculative *rêverie*, but actual observation. Our task is to chronicle from the living book of nature. Time may, and will, add to the page without essentially varying it; and the transcript will still be a true record, despite all mutations of time and opinion. Let me attempt to sketch one instance of this truth. Go back, in thought, to a time yet more remote than that of the lion-hearted king; and, if you will, to a scene as fair. Near to the sunny banks of the Euphrates, where the warm rays were fostering into life and strength the infant sun of science, a medical Zeuxis—Aretæus—was painting from nature, and the schoolmen of his day looked on and recognised her priest. Revolving ages have transmitted to us the pictures which he drew; and again, our *savans* look and own that time has not dimmed their beauty, and that no colour has faded, and no touch has been destroyed. They live, Hebe-like, in their freshness and their truth; and, in their grandeur, pyramid-like and time-defying. Study, then, with unremitting attention, like Aretæus, the phenomena of disease; note down every incident connected with the malady; omit none, however apparently insignificant; continually retest the accuracy of your observations, lest a glowing fancy should permit its pictures to usurp the place of simple fact. By this means, and generalising your observations, you will acquire that ready tact in recognising particular diseases, without which no one can ever become a successful practitioner, and without which, no amount of reading will avail. The cultivation of this talent will also render you self-reliant and independent, when placed under circumstances of difficulty and doubt.

Never forgetting, then, that observation, by discovering the spontaneous movements of nature, has ever been the principal instrument in perfecting our knowledge of diseases, we proceed to the consideration of the second instrument, *Experience*. This term comprises a twofold division; Medical Erudition, or the knowledge of what has been done by our predecessors, constituting the purely historic portion; and the Experimental portion or study of the phenomena designedly developed either in the healthy or diseased subject or in animals. With regard to the first division, *Medical Erudition*, I would beg you to bear in mind that, as the object of general education is not so much to charge the mind with particulars as to ensure the requisite discipline for subsequent intellectual activity, so, in the more limited field of medical study, the great object proposed should be to exercise the judgment for observation in its appropriate sphere. Your memory must of necessity be taxed, but should not be too heavily burdened. Overcharged with detail, it scarcely permits, unless to a gifted few, the full exercise of the judging faculty; and this to you, emancipated from mere scholastic thrall, and seeking now the wisdom of the sage, is a point to be constantly borne in mind. There is an important distinction laid down with respect to memory by writers upon intellectual philosophy—namely, between philosophical and mere

local memory. The latter faculty is the gift of nature and common to all, though in varying degree. The former is the kind most to be coveted by those combating in the intellectual arena. Its element is the contemplation of universal truths, general principles, and of the facts which illustrate them. This is the kind of memory you should chiefly cultivate as best befitting the scientific position you will hold in your special sphere. It will be greatly promoted, first, by endeavouring to obtain distinct impressions of the phenomena submitted to your notice; secondly, by a clear conception of the objects of knowledge; and, lastly, by constantly essaying to reduce such observed phenomena to general fixed principles. Unless these points be attentively regarded, your laboriously acquired knowledge will be submitted to the law of mere local association. The general principle upon which such knowledge depends not being mastered, the mere "pictures drawn in the mind are laid in fading colours," and consequently soon disappear. Remember, then, that the learning which really deserves the name, depends rather upon the harmonious appliance of other faculties than upon a mere treasury of things or events.

Kant says: "Although education may furnish and, as it were, ingraft upon a limited understanding rules, borrowed from other minds, yet the power of applying these rules correctly must belong to the pupil himself; and no rule which we can prescribe to him with this purpose is, in the absence or deficiency of this gift of nature, secure from misuse. A physician, therefore, a judge, or a statesman, may have in his head many admirable pathological, juridical, or political rules, in a degree that may enable him to be a profound teacher in his particular science; and yet, in the application of these rules, he may very possibly blunder, either because he is wanting in natural judgment (though not in understanding); and whilst he can comprehend the general *in abstracto*, cannot distinguish whether a particular case *in concreto* ought to rank under the former; or because his faculty of judgment has not been sufficiently exercised by examples and real practice."

You see, by this extract, how flimsy and unsubstantial Kant thought a mere series of rules learned by rote, unless combined with those higher qualities which judgment implies. Therefore, whether your reading be on an extended or limited scale, let the material be methodised, reflected upon, melted, as it were, in an intellectual crucible, in order that the metal may be purified from dross, and made your own by the best of claims—a right comprehension of your subject. To suggest your working at present in the rich mine of ancient medical literature would, I think, be misdirection. Such a step should be the compliment rather than the initiative of your practical career. By and by, when you become familiarised with disease, and the judgment is matured, you will be well repaid by a careful digest of the literature of medicine, comprising the works of the great masters, both of ancient and of modern times. There is enough in the ordinary *curriculum* of study to challenge all your attention and memory. A very few books will satisfy the requirements of the student. His reading should be rather *multum* than *multa;* and you know how much of truth there is in the old maxim, "Cave hominem unius libri."

We come now to speak of *Experiment*. Should observation, and a knowledge of the past, light insufficiently our future course, we are at times compelled to resort to the torture of living animals. But let me dissuade you, gentlemen, from having recourse to such procedure until after a conscientious consideration of the result to be obtained. Ever "let the end justify the means." We have urgent motives deducible from our moral nature, to refrain from wanton abuse of experiment upon living animals. The care we see bestowed, even upon the meanest, by our common Father, is a cogent reason to pause ere we torture one of his creatures unjustified. The ordinary feelings of humanity, instinctive in all well regulated minds, revolt from any unnecessary infliction of suffering. Still, as I have stated, occasions do exist, and vivisections constitute a particular branch of physiology. We will make only a passing allusion to those very cruel old gentlemen, Herophilus and Erasistratus, who, as Celsus tells us, "Nocentes homines, a regibus ex carcere acceptos, vivos inciderunt.' Haller may with propriety be considered as the father of modern experimental physiology; and he certainly has had some most energetic disciples. Results full of importance to science have been obtained by various experimentalists. From Magendie we have gained clearer views of the process of absorption, the action of poisons, and the nature of injuries of special parts of the nervous centres. In this latter department, also, Flourens has gained a well-merited reputation. With the view to determine the functions of the medulla spinalis, and of particular nerves, Longet, Müller, Reid, Marshall Hall, and others, have instituted well planned experiments. From Hope, Williams, Chauveau, and Halford, we have obtained a clearer insight into the mechanism of the heart's play. Valentin, Bischoff, and others, have shed a new light over the mysteries of generation. To Claude Bernard also, experimental physiology is largely indebted. And, lastly, our able colleague, Dr. Richardson, has taken very original views connected with the coagulation of the blood.

The last instrument for medical scientific research—*Analysis*—is used, as you will imagine, for the purpose of decomposing a complex pathologic principle into the simple elements. By such operation we are enabled to examine the elements more minutely, and to estimate more satisfactorily their relative influence when acting in concert. In scarcely any science is this proceeding more valuable than in pathology. Our constant aim should be to separate the essential from the accidental elements of disease, and to reduce each to a separate category. By the concurrence of this method of elimination, with the others indicated, we arrive at those generalisations which form the great scaffolding of applied medicine. But, notwithstanding the temper of our instruments, and despite a certain facility in using them, we are still liable to be taunted with the uncertainty of our art—that it merely deals with conjectures. Many a pointed shaft has been launched at us by the dramatist, many a weapon of ridicule forged by the satirist, and much well meant advice given by those who never need us to "throw physic to the dogs". Some of this banter has originated from a want of consideration of the actual nature and capabilities of our science; and some of it, I fear, we have drawn upon ourselves from the outward signs of a weak faith in our principles. How many offshoots from the parent tree of medicine have dwindled into deformed or unhealthy branches! Bassanio's speech applies as well to medicine as to theology:

> "What error, but some sober brow
> Will bless it, and approve it with a text?"

But even if the reproach were merited, and our art, in a certain sense, were really a conjectural one, the objection applies with equal force to all other sciences which depend upon probable evidence; and politics, law, and physic, are the triumvirate under ban. It is possible that they may never attain the precision of the physical sciences.

In the latter we are, in general, able to explain their characteristic phenomena by means of comparatively simple laws. Think, for example, of the mechanism of the heavens in connection with gravitation. We see distant orbs, age after age, pursuing their course in obedience to its law, so that their actual position in space at any given time can be predicted with unerring certainty. Now, think again of the characteristics of your science; here, in addition to physical, calculable forces, you have also vital ones simultaneously at work to confuse your problem and complicate its results. You cannot coerce the vital elements into an algebraical formula: their unstable nature deludes the craft of the mathematical analyst.

Take one single example—continued fever. At its advent, calculate as you may, you cannot predict unerringly its course, or tell by numbers what *must* be its issue. It may be fatal by exhaustion, by syncope, by coma, by inflammation, by hæmorrhage, or some other intercurrent or accidental change, or may resolve into health with or without crisis. Which of these given results is to happen you can, at the beginning, at best but wisely conjecture. It is simply a calculus of probabilities brought to bear upon the particular case; and this makes the art of conjecturing with wisdom and sagacity peculiarly your province. Moreover, being founded on a large induction, you obtain at last an amount of probability so strong, that it approximates to certainty, and is, at all events, sufficiently strong for you to act upon. For should you fail of actual demonstration, yet if you leave no room for the application of the adage "non crimen artis quod professoris est," you may console yourselves with the feeling that the source of error does not rest with you, but is inherent in the very nature of the subject matter you investigate.

Having thus, I fear too imperfectly, attempted to sketch the mental training and method to be pursued in the investigation of facts, and the subsequent verification of general principles, we arrive at the consideration of the science it is our privilege to unfold—*General Pathology*.

Like most branches of human knowledge, general pathology has had to pass through its embryotic or preliminary stage prior to a state of scientific development,—a stage in which the true science was obscured by ignorance and superstition.

Almost, indeed, to our own times it has continued under the influence of this double thraldom. As astronomy was the offspring of astrology, and chemistry of alchemy, so, in like manner, pathology was the child of a very unnatural parent—superstition. In the earliest times, the offended deities of the heathen world, having the attributes of human infirmity, were supposed, in fits of spleen, to visit the erring children of earth with "pestilences dire."

In Lord Bacon's day, jail fever was supposed to owe its exciting cause to witchcraft; while, in the more polished times of a later generation the royal touch for king's evil and old women's amulets to cure the ague were important constituents of the popular medical creed. This is in entire accordance with the views entertained by a distinguished French philosopher but just deceased, Auguste Comte. To paraphrase them from the excellent work of Mr. Lewes: every branch of human knowledge passes successively through three definite stages; the supernatural or fictitious; the metaphysical or abstract; and the positive or scientific. In the first or supernatural stage, final causes take the place of physical or efficient ones. The mind aspires to know the essences of things; it regards all effects as the immediate productions of supernatural agents, whose intervention is the cause of all apparent irregularities and anomalies. Any unusual phenomenon is a sign of the pleasure or displeasure of a god. The characteristics of this stage I have just indicated. In the metaphysical stage, which is a modification of the former, and important as a transitional one, the supernatural agents give place to abstract forces (personified abstractions), supposed to inhere in bodies, and capable of engendering phenomena. Such, in pathology, would be the "Nature" of Hippocrates; the *Vis Medicatrix;* the *Archæus* of Van Helmont; the rational soul of Stahl; and the "Vital Principle" of Barthez and later writers. The terms "effort of nature", "vital power", etc., are hallowed by long usage; nor is there any objection to their use, provided you entertain proper ideas of their import; and, instead of regarding them as separate entities or "personified abstractions", view them as a mere formula for expressing the general reactive effort of the entire organism. In the third, or positive stage, the mind, persuaded of the futility of all inquiry into final causes and essences, applies itself to the observation and classification of laws which regulate effects; that is to say, the invariable relations of succession and similitude which all things bear to each other; so that we no longer seek to fathom the essences of life, disease, gravitation, electricity, or galvanism, but only the laws that they obey. It is in the direction of this last stage that, I need not say, you must work if you would clear away the mists which hang partially but heavily over much that should interest you.

Now, a point of direct importance at this very onset of our journey is to possess a clear idea of the nature and purpose of the subject we propose to study, as also of the limits within which such subject should be restricted; otherwise we might trench upon ground that does not come within our scope; and, although it may be somewhat difficult to fix a definite landmark to our wanderings, it seems tolerably broadly mapped in the distinction drawn between the general and special departments. Our science is appropriately designated *General Pathology*, as it contemplates morbid manifestations in general, and all that is correlated to them, whether as cause, complication, or cure, without taking cognisance of particular affections. It is conditional upon general physiology, and is co-ordinate with this science. For, inasmuch as physiology is the study of all that concerns man in health, so is pathology to be considered as embracing all that characterises man in a state of disease. It is therefore no isolated branch of science, but one claiming direct kindred with nearly all other departments of knowledge, and making incessant demands upon them for its constructive material. It may, for example, enter the domain of astronomy, to ascertain how far solar, lunar, stellar, or other occult planetary influence can excite convulsive disorders or modify the periodical uterine function of the female. Professor Schönbein is the great modern advocate of such influence. Esquirol, also, whose experience in mental aberration was immense, has witnessed severe paroxysms of the malady in lunatics when the moon was at her full, and has thus directly vindicated the accuracy of Shakespeare in the opinion that she may

> "Come more near the earth than she was wont,
> And make men mad."

The late Dr. Gall made a long and curious series of observations respecting the influence of the moon upon the catamenia.

Pathology creates, as it were, the necessity of a Medical Geography, by its inquiries respecting the direct influence of soil and climate upon the duration of life, as well in accelerating as retarding the progress of given diseases. Indeed, this latter science bids fair to take a position of the highest order, and has already determined some remarkable results. I shall cite one or two of such from the recently published work of Boudin. He says there are some types of races which appear to adapt themselves to climatic change in a wonderful manner, while others again scarcely endure the slightest alteration of habitat. The Jews may be cited as examples of the first order. They are, at present, spread over all parts of the world. In Europe they are found from Gibraltar to Norway; in Africa, from Algiers to the Cape of Good Hope; in Asia, from Cochin to the Caucasus, and from Java to Pekin; in America they are met with from Montevideo to Quebec. For the last half century they have become residents of Australia, and have given proof of being thoroughly acclimatised under the tropics where a population of European origin have constantly failed to perpetuate themselves. The Jew has also lived through a long series of ages, and still lives, upon the only point of the globe, the valley of Jordan, situated more than 4000 *mètres* below the level of the sea; a spot where it becomes matter of doubt whether the European could ever propagate his race. Finally, wherever the Jewish race has been studied to the present time, the statistical laws of births and deaths, proportion of sexes, etc., which affect it, have been proved to be completely different from those which preside over other nationalities in the midst of which it resides.

In opposition to this cosmopolitanism of the Jewish race, look, on the other hand, to the continuous decrease of an European population in all tropical countries, and to the impossibility, hitherto ascertained, of perpetuating itself in Egypt and several other parts of Africa. In the tables published by the French Minister of War, the mortality of the population, which, in France is 24 in 1000, and which, in 1849, notwithstanding the cholera, did not even attain the proportion of 28 in 1000, has increased in Algeria in the following proportion:—

	Deaths in 1000.
1848	41
1849	101
1850	70
1851	64
1852	55
1853	47

And so late as 1854, the last year that reports have been published, the deaths among European population amounted to 7025, while the births were only 6111. Still to linger in this interesting field one moment longer; how curious is the law of antagonism that appears to exist between ague and consumption. Dr. Green, of Whitehall, in the province of Washington, United States, where intermittents are of unusual frequency, declares that there did not exist one single instance of phthisis developed in the district; and that the consumptive invalids arriving there experienced a relief as decided as it was permanent. The same author also states that a morass near Rutland, having been converted into a pond, the intermittent fevers disappeared from that part of the country, and were replaced by pulmonary consumption. The population having solicited and obtained the suppression of the pool, or, what amounted to the same thing, the re-establishment of the morass, the original agues returned and antagonised the development of phthisis. These facts are supported by the experience of many other competent observers. I need not say that they demand your serious consideration, especially at a period when human migration is going on on so large a scale.

Pathology, again, seeks the aid of the Zoologist, and asks him whether there are grounds for the opinion that peculiar epidemics are caused by the periodic increase of certain microscopic organism—the so-called animalcule theory. It also requires from him a reason why one species of tape-worm is endemic in Switzerland, Germany, and Sweden.

From Chemistry, also, we seek an analysis of certain deleterious gases and other agents; as, for instance, the exact chemical constitution and relative properties of the peculiar element of the atmosphere, ozone, recently discovered by Professor Schönbein; and whether, in point of fact, there exists any casual relation between the augment and decrement of this element and the corresponding augment and decrement of catarrhal and bronchial affections.

From Meteorology we learn the remarkable influence of storms, both upon men and animals, and also of the modifica-

tions produced in those great forces of nature—magnetism and electricity.

From the science of Physics we draw our *quotum* for the groundwork of physical diagnosis.

Again, we derive from the science of Mathematics our formula for the calculation of probabilities. This has been already extensively applied in the statistics of disease and death. Its application to the influence of the various agents of the materia medica upon the system is, however, still a desideratum. Many of these agents have obtained their degree on a very slight examination. A medicament was administered, a change followed, and the *post hoc, ergo propter hoc*, at once inferred. Too often a general conclusion was drawn from a particular premise, thus sinning against logic, and almost against common sense. Although, with reference to this branch, as Hippocrates declared, *Experience* is deceitful, and *Judgment* difficult, still we, in common with all dependent on probable evidence, must acknowledge certain laws. If any one, knowing these matters, were asked the degree of probability of relief being obtained by the use of iodide of potassium in any given case of painful disease of the periosteum in tertiary poisoning, he would estimate it as very high. Ask him again, the degree of probability with reference to the action of juniper or other diuretic in a case of dropsy, and he would probably be at a loss to find a place upon the scale; and so on with many other agents. Our notions of probability do not, however, differ so greatly from those of the mathematician as to preclude all hope of our deriving assistance from him.

La Place, than whom none knew better the limits of the application of the calculus of probability, states, with reference to therapeutics, "To know the best treatments in use for the cure of a disease, it is necessary to try each of them upon the same number of patients, under perfectly corresponding circumstances. The superiority of the most advantageous treatment will manifest itself more and more in proportion to the increase of this number; and the calculus will show the corresponding probability of its advantage, and of the respect to which it is superior to the others."

By this method, we speak from *data* rather than from mere impressions; and if any one demur to this attempted application of the calculus of La Place, and argue that no cases can be "*exactly corresponding*," he must bear in mind that he is, at the same time, dealing a death blow in argument to all other conceivable ways of estimating the action of medicine in disease.

Lastly, I may say that from Philology and Logic we gain a basis for scientific nomenclature (a subject said to call loudly for revision), and from the development of the formal laws of thought a basis for constructing our arguments for the purpose of instruction and self-improvement.

These few illustrations, drawn from the respective sciences, show how discursive a subject is General Pathology. Our subject matter will naturally fall under the subjoined heads, which we shall study together in the following order, making such subdivisions as will bring the science more fully and instructively under your notice:—(*a*) The General Literature of the science—the nature of disease; (*b*) Etiology or doctrine of the Laws of Causation; (*c*) Semeiology and Symptomatology; (*d*) Progress and Termination of Diseases; (*e*) General and Physical Diagnosis; (*f*) Prognosis; (*g*) General results of *Post mortem* Examinations; (*h*) General doctrine of Therapeutics; (*i*) General principles of Hygiene; (*k*) Medical Geography.

I propose to depart from this general arrangement in one branch alone, and that is physical diagnosis. No department finds a more entire application of the truth, "Experientia facit artem, exemplo monstrante viam." So that, with the permission of the lecturer on medicine, I shall teach you this subject practically, by cases; for, without these, all lecturing would be worse than useless. I mentioned to you, but a few moments ago, that general pathology presupposed an acquaintance with general physiology. But such a proposition must be interpreted in its broadest sense, not as synonymous with the positive physiology of to-day, but rather as implying that familiar knowledge of the outward signs of health accessible to ordinary acute observation. It is certain that the ancients, the founders of pathology, could have had no deep insight into those problems which an advancing physiology has in some measure solved. But they apprehended most perfectly what healthy breathing was; and what a tranquil circulation, and what a bright eye, clear complexion, clean tongue, healthy appetite, natural and regular secretions, etc., imported; and on their altered types they founded a science many of the leading truths of which comprise the principles of the moderns. So that it is obvious general pathology may be profitably numbered among your earliest studies. With regard to the second portion of the course—pathological anatomy—it is so essentially dependent upon an accurate knowledge of descriptive anatomy, that I think it would be wasting your time, until you have made this necessary acquirement; so that I shall not hesitate to postpone it until a later period of the course.

Such, gentlemen, is the nature and extent of the domain you have to explore. Let your preparations for its survey be of commensurate magnitude. Regard your course of study as a duty, and it will soon become a pleasure. And should the original lustre shed by Hippocrates over our art be somewhat dimmed by the destroying rust of Time, seek from the *living* lights of medicine, new rays to kindle your enthusiasm.

What made Andral and Louis such authorities in our art? Was it not, in great part, their accuracy as morbid anatomists, and their fidelity as observers? You may each enjoy a reputation upon any subject you choose in pathology, if you will but cultivate that spirit of patient and untiring research which pre-eminently characterises them. In this consists their solid worth. In the every day practice of your profession, gentlemen, a species of dilettantism may and does exist. Alluring theories, polished manners, the advocacy of fashionable remedies, may gain an ephemeral reputation—may open a road to lucrative practice by dazzling the non-professional judgment; but, gentlemen, to pathological fame, even in these quick travelling times, there is not yet obtained a Bill to construct a royal road; the one you *must* tread is toilsome, at times even repulsive, *inter tædia et labores;* but be assured, the journey cheerfully, resolutely performed, you will eventually reach the "land of promise". The hours lost to your profession in less worthy pursuits may yield a certain amount of gratification, but they often leave a fevered body, and, what is more distressing, a fevered conscience. How different the results that follow the calmer, holier pursuits connected with the profession you have chosen! If the Father of Medicine declared that a philosophical physician resembled the gods; and if even Galen, surrounded as he still was by the atmosphere of a false religion, could regard the study of physiology as "an eternal hymn to Deity",—you have still higher reason to regard it in a solemn point of view. You will find, in the late evening of the long career I most sincerely wish you, that, if you have been faithful to your trust, the retrospect will bring no pang; while the direct gratification has been of the most ennobling order, and the best calculated to develope the true dignity of man; for what sweeter reward can you desire than the blessing, breathed at times by grateful lips for lost health restored, under Providence, by you?

Reviews and Notices.

Tables of Diagnosis of Diseases of the Brain. By J. Russell Reynolds, M.D.Lond., Fellow of University College, Assistant-Physician to the Westminster Hospital. London: Churchill. 1857.

Dr. Reynolds has grouped the more common diseases of the brain in four tables, under the following heads: viz., 1. The Acute Febrile Diseases; 2. The Apoplectic Diseases; 3. Acute Convulsive Diseases; 4. Chronic Diseases of mixed character. The object of the author is not to describe all the features of the diseases, but to place in opposition those which present the most striking differences. The work will, no doubt, be of utility in aiding the student and the practitioner in the diagnosis of cerebral disorders.

On Plastic Operations for the Restoration of the Lower Lip, and for the Relief of several Deformities of the Face and Neck. By Thomas P. Teale, Surgeon to the Leeds General Infirmary. pp. 32. London: Churchill. 1857.

Mr. Teale describes several plastic operations for the relief of deformities of the face and neck, and relates six cases of persons whose visages, sadly marred by burns, were restored by his skill to more comely representations of the "human face divine." Photographic representations of each patient before and after operation are given. The results, as illustrated, are highly creditable to British surgeons in general, and especially to Mr. Teale.

British Medical Journal.

SATURDAY, NOVEMBER 7th, 1857.

HEALTH OF TOWN AND COUNTRY.

We are glad to observe that the annual health report of the City of London, in the hands of Dr. Letheby, does not degenerate from the important position imparted to it by the ability of Mr. Simon. The ninth report is now before us, and most certainly a more satisfactory document never was issued by officer of health. The death rate of the City of London for the past year has been at the rate of 23·3 per thousand of the inhabitants, or just nine per cent. less than the general average. It is extremely gratifying to find that notwithstanding the excessive manner in which the habitations of the poor have been crowded together by the demands of space for the business transactions of the busiest spot on the world's surface, the health of the inhabitants has not only not suffered, but has actually improved, and improved progressively; for the mortality nine years ago was 3,763, whilst in the year just past it has only been 2,904—the population having been meantime nearly stationary. It is, indeed, extraordinary that the general annual average of deaths in the City of London should be less than that of the average of other large towns—it is not much more than the average of all England, which is at the rate of 22·8 per thousand. This flourishing state of things we must in a great measure attribute to the sanitary measures which have taken place since the passing of the Acts of Parliament for the supervision of common lodging houses, the suppression of unhealthy trades, and the prevention of the smoke nuisance. Mr. Brown, the gardener of the Middle Temple, informs the public that his chrysanthemums have bloomed this year more brilliantly than they have ever done before; this healthy condition of the plant he ascribes to the increased purity of the air, and we have no doubt whatever that human life has flourished in the City from the same cause as the chrysanthemums. The high state of health in the City of London during the past season of intolerable heat is also an interesting fact, inasmuch as it proves that heat is of itself rather conducive to health than otherwise—a position which seems strengthened by the accounts we hear from India, where the British soldier has been able to undergo the most tremendous fatigue under a burning tropical sun, with less inconvenience and sickness than he generally endured in cantonments. How much the mental excitement has had to do with this result, we have yet to learn.

Dr. Letheby has given a most able analysis of the trade mortality of the City of London, which in some particulars clashes with the conclusions drawn by the Registrar-General in his Census report. For instance, this gentleman astonished the country by stating that an analysis of the deaths among different trades led to the conclusion that butchers were among the most unhealthy of men. The statement appears to be directly opposed to Dr. Letheby's conclusions, as we find in his report

"That butchers, poulterers, and fishmongers, shopkeepers, and merchants, have died at the rate of only from 15 to 16 in the 1,000; while tailors and weavers, shoemakers, printers, and compositors, have succumbed at the rate of from 20 to 23 per 1,000; wine merchants, publicans, and waiters, porters, and messengers, at the rate of from 24 to 26 per 1,000; blacksmiths and gasfitters, painters and glaziers, dyers, bargemen, and watermen, at from 28 to 30 in the 1,000; cabmen, draymen, ostlers, carmen, and stablekeepers, at the rate of 31 in the 1,000; clerks and needlewomen, at from 34 to 35 in the 1,000; and, lastly, the hard working classes of carpenters, masons, and labourers, at from 43 to 45 in the 1,000.

"If we turn to the other modes of testing this matter, we shall find that, while in all London the mean age at death among adult males is a little less than 51 years, each class has its own particular longevity. The merchant, shopkeeper, and domestic servant, will live to be nearly 57 years of age; the butcher, poulterer, and fishmonger, to be about 53. Most of the other classes will reach to the age of from 50 to 52, though the painter and dyer, the costermonger and hawker, the bargeman and waterman, survive only from 48 to 49; and, lastly, the printer and compositor live but to 45, and the baker and confectioner to only 42. Among females, the differences of occupation are not so striking, except in the case of the wives of cabmen and publicans, where, instead of living to the mean age of 55, they die at 49; and the poor needlewoman sinks into the grave at the average age of 40."

Interested as we are in the "diseases of special occupations", Dr. Letheby's attempt to give us a picture of the manner in which different maladies map themselves among different classes of the working population of the City is especially acceptable. He says:—

"Phthisis seems to be the chief disease of needlewomen, printers, bakers, cabmen, and policemen. Fever prevails most among domestic servants, needlewomen, and cabmen; bronchitis and pneumonia, among labourers, painters, butchers, costermongers, and hawkers; brain-diseases, among porters, publicans, watermen, and bargemen; and liver-diseases are the especial attribute of the publicans. There is a signification in all this, for it points to the peculiar habits of the different classes, and indicates how much might be effected by prudence and self-control."

At first sight, it seems strange that brain-disease should especially attack porters, publicans, etc.; but, when we remember that intemperance is the bane of these classes, the wonder ceases.

In the conclusion of his report, Dr. Letheby draws attention to the bad policy of a meddlesome interference as regards trades and occupations. He makes reference to the fact that some of our manufacturing populations are among the least unhealthy of the country, and that we must rather look to improving the dwelling of the artisan than to the perfection of the workshop. There is some truth in this, but only some truth. If we were to leave the workshops alone, where the workers spend ten hours of the day, we should only be half doing our work. We trust Dr. Letheby does not wish to conciliate the manufacturing interest of the wealthy city too much; if he does, we would remind him that he is the officer who should stand between master and man, between lucre and life, and that on no consideration should he allow the latter to be sacrificed to the former; for of what avail is the wealth of the whole world if, in its acquirement, we enfeeble those who make it?

The Registrar General's Report of the Public Health for the quarter ending September 30th, would go to prove that the extreme heat of the summer weather has been prejudicial to the public health generally, especially to that portion of the

population which dwell in the marshy and agueish districts. The excess of deaths in the last summer quarter over that of the year 1856 was 12944. Ague, fever, diarrhœa, and putrid sore throat, appear to have been among the main causes which have raised the mortality higher during the last quarter than it should have been. Whilst, however, the country has been the principal actor in swelling the death list, we are sorry to find that some of our towns, heretofore considered particularly healthy, have, in this respect, of late considerably deteriorated. Thus the Birmingham district is reported to be a backslider as regards its sanitary condition. "The deaths," says the Registrar General, "in the three corresponding summer quarters of 1855, 1856, and 1857, were 920, 1118, and 1520 in the Birmingham district; 293, 353, and 529 in the Aston district; and 132, 114, and 202 in the King's Norton district, containing Edgbaston, which has hitherto been one of the healthiest districts in the country." This is certainly a most unsatisfactory state of things; and we hope it may turn out that the mortality of Birmingham during the last quarter has been due to exceptional causes.

THE WEEK.

The opening of a new provincial hospital is always a matter of interest to our associates; but we think particular interest attaches to the completion of the Bristol General Hospital, as it is built on a plan which will afford a good example to other cities which have it in their power to imitate the example of the charitable people of Bristol. In the first place, it is but too often observable that the hospital is the dingiest and least inviting-looking public building of a town. Of course, no objection can be made to the observance of a due economy in the erection of a public building, the chief requirements of which are comfort and good arrangements within; nevertheless, we think that, without any additional expense, an ornamental character may be given to such buildings, which would render the dislike to enter them less marked than it is at present. The Bristol General Hospital, which is calculated to hold from one hundred and eighty to two hundred beds, and thus to claim for itself the privileges of a school if necessary, is one of the most ornamental buildings of the kind we have ever seen. It is situated on an eminence overlooking the harbour and New Cut of Bristol, and commands from its central tower a full view of the shipping and docks on every side. Advantage has been taken of its Italian style to make open corridors in which, sheltered from the weather, the convalescent patients can command this busy and interesting prospect in fine weather. For wet and cold weather, an admirable convalescent ward is constructed in the central tower, which enables the poor people to see what is going on in the outer world at all times. We cannot too much commend the construction of such apartments, as the presence of patients who are rapidly progressing towards recovery in the sick ward is not only inconvenient to others, but is prejudicial to themselves. Without considering the *ennui* of the sick ward, the atmosphere is at all times, comparatively speaking, foul, and this foulness is always drawn to one focus by the open fireplace, *round which it is the habit of convalescents to sit.* Thus they are placed in a perpetual bath of concentrated foul air—than which arrangement nothing can be worse. The ventilation of the Bristol General Hospital is said to be excellent, and all the arrangements are exceedingly ingenious and well planned. We trust that the new Hospital about to be erected in Sheffield will be built on an equally excellent model.

An addition has just been made to the number of those useful but little known institutions—students' medical societies. The pupils at the Grosvenor Place School of Medicine have, within the last few days, formed among themselves a society for the purpose of reading and discussing papers on professional subjects, and have appointed Mr. Adams, one of the lecturers on Surgery at the school, as their first president. Convinced as we are of the vast practical utility of all such institutions as those to which we are referring, we must express our high gratification at the step which is being taken by the Grosvenor Place students, and wish them every possible success.

The Duke of Newcastle last week, on the occasion of the opening of a new lunatic asylum near Nottingham, in referring to the insane, spoke of them as reduced to "the condition of the brute creation". We should not have been surprised at the use of such a phrase as this thirty years ago, before the present humane ideas with respect to the insane were prevalent; but we must confess it does seem strange to hear a nobleman giving utterance to phrases such as this, inasmuch as they have a direct tendency to degrade this unfortunate class of the population still lower in the social scale than they are at present. The noble Duke seems to think that any man who is troubled with insanity is something worse than the idiot, for even the idiot is not quite degraded mentally to the condition of the brute, however deficient he may be to him in the natural instincts. Of the infinite variety of the shades of insanity—some so slight that they can scarcely be separated from mere eccentricity—the noble Duke takes no account. His Grace should remember that, with the insane, names are things; for the old ideas respecting them are not yet extinct, and to call a man a brute is to go the right way to have him treated as such.

ADMISSION OF MEMBERS, AND PAYMENT OF SUBSCRIPTIONS.

The General Secretary of the British Medical Association begs to call the attention of members to the Laws regarding the Admission of Members, and the Payment of their Subscriptions.

"*Admission of Members.* Any qualified medical practitioner, not disqualified by any bye-law, who shall be recommended as eligible by any *three* members, shall be admitted a member at any time by the Committee of Council, or by the Council of any Branch."

"*Subscriptions.* The subscription to the Association shall be One Guinea annually; and each member, on paying his subscription, shall be entitled to receive the publications of the Association for the current year. The subscription shall date from the 1st January in each year, and shall be considered as due unless notice of withdrawal be given in writing to the Secretary on or before the 25th of December previous."

Either of the following modes of payment may be adopted:—

1. Payment by Post-Office Order to the Treasurer (Sir C. Hastings, M.D., Worcester), or to the undersigned.
2. Payment to the Secretary of the Branch to which the member belongs.
3. Members residing in the Metropolis and vicinity can make their payments through the publisher of the British Medical Journal, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, W. C.

Philip H. Williams, *General Secretary.*

Worcester, October 1857.

Association Intelligence.

LIST OF MEMBERS: NOTICE.

IN accordance with Law 24, a list of members of the BRITISH MEDICAL ASSOCIATION will shortly be published. Gentlemen whose designations or addresses are incorrectly given in the last list, or on the wrappers of their Journals, will oblige by at once forwarding the necessary corrections to the Editor of the JOURNAL, 37, Great Queen Street, Lincoln's Inn Fields, London, W.C.

THE MEDICAL BENEVOLENT FUND.

ESTABLISHED 1836.

OFFICERS.

President: Sir James Clark, Bart., F.R.S. *Vice-President:* William Newnham. *Trustees:* Sir Charles Hastings, M.D., D.C.L.; George Burrows, M.D., F.R.S.; William Newnham; and Joseph Toynbee, F.R.S. *Treasurer:* Joseph Toynbee. *Honorary Secretary:* Edmund A. Parkes, M.D. *Assistant Secretary:* William Self. *Bankers:* London and Westminster Bank, St. James's Square.

TREASURER'S APPEAL.

No one can deny that in spite of the aid presented by Life Assurance and other Benevolent Institutions,* cases not unfrequently occur in which a medical man, after having done his best, is struck down by ill health and poverty, or dying, he leaves those most dear to him in this life penniless as well as fatherless. For the relief of such cases, the Medical Benevolent Fund was established; who can say that this object is not a truly noble and Christian one?

Again, cases are constantly occurring in which a medical man comes to ruin from sheer mental inability to support his family, or, from recklessness and want of thought, dies, leaving his widow and children penniless. For the relief of such cases, the Medical Benevolent Fund was established. Who can say that this object is not a truly Christian one?

Medical men! you who are earning honest, plentiful livings, and feel the blessing of so doing, and you, the public, who owe so much to the medical profession, give us your aid in carrying out these objects. Do you require me to say more? Listen: What do you think of our inability to give more than a scanty £10 or £20 to a poor widow left utterly destitute, with ten or twelve children, when we want to give £50 or 100? I will cite one case in point, which occurred last month. Mrs. O., aged about 50, widow, has *eight* children between the ages of 20 and 5: her husband died after he had applied for aid. He had been long ill, and on a sick bed for many months, and his practice had gradually dwindled away. Only £30 could be voted, and that with some doubts of its being too large a sum in the state of our funds, even after the donation of 500 guineas.

Remember that the funds are voted by a Committee, who give to cases according to their deserts; that we have no canvassing and voting at elections, whereby too, too often, the most clamorous, and not the most deserving, attain success.

Another word: Think of the honoured name of William Newnham, our late Treasurer, whose heart, head, hands, time, health, and money, to an extent no lips can ever tell, have been during many years joyfully given up to carry out the objects of our Fund. He can no longer work for us; may the peace and happy quietude of his declining life be increased, by feeling that he has stirred you up to follow him in the good work! Be assured that those remain who will *try* to do for the Fund what your Newnham did—they have the will, the way cannot be far off.

As a proof that we ought to be supported, let me say that we relieved seventy-four cases last year; that our working expenses are almost too small to be noticed. As a proof of our being duly appreciated by some, our yearly income is, from Subscriptions, £634; we pay from our Funded property £286 a year for our pensioners; we have six houses, comfortable homes, given us by Mr. Bailey, of Chippenham; we have just received an anonymous donation of 500 guineas, for the aid of *urgent* cases; and we have, by the kindness of Mr. Churchill, the use of a committee room, free of expense.

To show you how much may be done by those having the will to aid us, let me remind you that Mr. J. G. Leete, Surgeon, of Thrapstone, gave us in 1857, the sum of £13:3:2, collected, by his own efforts, in shilling subscriptions, from Poor-law medical officers.

Surely not a word more is required than these—"to do more good, we want more money."

JOSEPH TOYNBEE, *Treasurer.*

October, 1857.

Communications respecting Cases, Annuities, and Grants, are to be made to Mr. Toynbee, 18, Savile Row, Burlington Gardens, W.

Subscriptions are to be paid to Mr. Self, 8, Lucas Place, Commercial Road East, E.

[In inserting this document, which has been sent to us by Mr. Toynbee, we join him heartily in his appeal on behalf of the Medical Benevolent Fund; and hope sincerely that it will be largely responded to. EDITOR.]

* It must be remembered that only the healthy medical man can insure his life, or even participate in the invaluable advantage of the Society for the Relief of Widows and Orphans of Medical Men.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: ORDINARY MEETING.

AN Ordinary Meeting of the above Branch was held at the Hen and Chickens Hotel, Birmingham, on Friday, October 8th; EDWIN BARTLEET, Esq., President, in the Chair.

The minutes of the Third Annual Meeting of the Branch were read, approved, and signed.

MEDICAL REFORM.

The following resolutions were unanimously passed:—

"That a Medical Reform Committee be appointed, which shall at first consist of twenty members of the Branch, who shall have power to add to their number.

"That not fewer than twelve members of the said Committee shall be resident in the country."

The following were elected to serve on the Committee:—For the country: W. Brown, Esq. (Lichfield); H. D. Carden, Esq. (Worcester); S. Chesterman, Esq. (Banbury); E. H. Coleman, Esq. (Wolverhampton); J. L. Hobbs, Esq. (Bellbroughton); T. Holyoake, Esq. (Kinver); J. H. Houghton, Esq. (Dudley); S. J. Jeaffreson, F.R.C.P. (Leamington); W. Jessop, Esq. (Cheltenham); W. E. Masfen, M.B. (Stafford); E. Mason, Esq. (Nuneaton); N. Troughton, Esq. (Coventry). For Birmingham: The President; A. Baker, Esq.; B. Fletcher, M.D.; J. J. Hadley, Esq.; J. H. Lakin, M.B.; J. B. Melson, M.D.; J. V. Solomon, Esq.; W. F. Wade, M.D.

NEW MEMBER OF COUNCIL OF THE BRANCH.

Dr. FLETCHER was unanimously elected a member of the Council of the Branch, in the place of the late Mr. Wickenden.

COLORATION OF THE SKIN FROM PANCREATIC DISEASE. BY BELL FLETCHER, M.D.

Dr. BELL FLETCHER took this the earliest opportunity of reporting the death of Charles Jarvis, one of the cases related by him in his paper on Disease of the Suprarenal Capsules. (See ASSOCIATION MEDICAL JOURNAL, November 29th, 1856, p. 1013). It would be remembered that he (Dr. Fletcher) had brought the case forward as one in which probably the suprarenal capsules were affected, and in which the coloration of the skin was modified by pancreatic disease. The *post mortem* examination revealed unimportant degeneration of the capsules. But there was lardaceous disease of the pancreas, which, by extension to the surrounding organs, implicated the permeability of the receptaculum chyli and thoracic duct. Secondary deposits of the same material were found in the liver, that organ being in other respects perfectly healthy. The other organs of the body appeared normal.

The PRESIDENT inquired if Jarvis had passed fatty stools, and whether the disease could be assigned to the receipt of some external injury.

Dr. FLETCHER replied, that the stools were fatty. The patient had not sustained any external injury. He was a broken-down speculator, who had suffered for many years great anxiety of mind.

THE OPERATION FOR SINGLE CATARACT. BY J. V. SOLOMON, ESQ.

Mr. SOLOMON called the attention of the Branch to an article by Dr. A. von Gräfe, "On the Mode of Vision in Cases which have been operated on for Unilateral Cataract; and on the Question whether it is advisable to perform Unilateral Cataract

or Artificial Pupil Operation when the other Eye is healthy," which had appeared in the *Medical Times and Gazette* for September 12th. He said the propriety or non-propriety of operating in cases of single cataract was a point in practice to which he (Mr. Solomon) had attempted on several occasions to draw the attention of the profession by the publication of cases and observations in the Journal of the Association. In the spring of this year, and when quite unacquainted with the labours of Gräfe, he had embodied in a short paper his opinions on this important subject. And it was certainly a great satisfaction to him to find that those opinions, which were derived principally from a clinical study of simple cataract operations, coincided to a very great extent with the results of Dr. von Gräfe's experience, which extended over fifty cases. If it were quite agreeable to the meeting, in the absence of Mr. Houghton, who was unavoidably detained at Dudley, and consequently unable to bring a singular case of compound fracture of the jaw before the Branch, he should be happy to read the manuscript on cataract to which he had made allusion.

[This paper will be published in the Journal.]

Dr. Fletcher believed the operation of solution to be applicable to cases of hard cataract. When in practice as a surgeon at Shiffnal, he extracted a hard cataract from a patient of 67 years of age, who was subject to an annual attack of gout. The operation was performed a month after the cessation of one of the attacks. Nevertheless, gout in the feet, inflammation of the globe, and afterwards erysipelas of the head and face, followed. The pupil closed. To a proposal that an artificial pupil should be made, the patient gave an unqualified refusal. But the fellow eye, which had become nearly blind from opacity of its lens, he freely offered for anything to be done to it that Dr. Fletcher might esteem desirable. The operation of solution was performed; but little inflammation followed; and good vision was obtained. The cataract was hard.

Mr. Solomon was not in the habit of selecting the operation of absorption when the lens was of hard consistence (the senile cataract of continental authors), unless the condition of the tissues of the globe was such as to contraindicate extraction through a half-section of the cornea.

Editor's Letter Box.

ON THE ORIGIN OF THE RECENT OUTBREAK OF CHOLERA AT WEST HAM.

Letter from John Snow, M.D.

Sir,—I have no complaint to make of the criticism of my views on the above subject, which is contained in a leading article of the Journal of Oct. 31st; but I shall be glad to be allowed to make a few remarks by way of defending my opinions, and to allude to a case in connection with the outbreak that I was not acquainted with when speaking at the Medical Society of London.

In the first instance, I should like to say that I have not clipped or shaped this outbreak of cholera to fit the bed I had made for it; on the contrary, it came and shaped itself exactly to the conclusions which I had drawn from the observance of previous epidemics. This outbreak at Abbey Row, West Ham, took place in a community supplied by a particular pump-well; the water of this well was distinctly polluted by a sewer, which receives the overflow from the cesspools of this community; the tide flows up this sewer from the Lea, and up the Lea from the Thames. Moreover, there had been one case known and registered of death from cholera on board a ship in the Thames from a port where the cholera was very prevalent, a few days before this outbreak at West Ham. In treating of the early cases of cholera in 1848, occurring by the side of the Thames, and near St. Bride's pump, a few days after the death of a seaman from Hamburgh, I gave an explanation, some years ago, precisely like that which I now offer of the outbreak at West Ham. (See *London Medical Gazette*, vol. xlvii, p. 1051.)

The case connected with this outbreak, of which I was not previously aware, is one investigated by Dr. Ansell. At the time of the cases at West Ham, just beyond the borders of the metropolis, there happened in the whole of London just one case, which, by suddenly attacking a person in good health, and proving rapidly fatal, showed itself to be of the true Asiatic type. This case was that of a boy, aged 14, living at Bromley, about two miles from Abbey Row; he passed this place with his father, on October 7th, on their return from a long walk. He lagged behind, which attracted his father's attention, who looked back, and saw the boy drinking at the pump above alluded to. The boy was still quite well on the evening of the following day, but at five o'clock in the morning of the 9th, he was seized "with diarrhœa, vomiting, great prostration, darkness of surface, thirst, loss of voice," and he died in twenty hours. This case resembles two cases which occurred at West End, near Hampstead, in persons who drank water which was conveyed in a bottle from the pump in Broad Street, Golden Square, in 1854. In such cases there can be no doubt that the very matter which produced the attack was swallowed in the water; and they may well lead to an admission like that made in the Journal of to-day, "that cholera evacuations may be conveyed from one person to another by means of water, and thus spread the disease, under certain circumstances." But this is to let in the small end of the wedge; and when once it is admitted, without pushing it to the Feejee Islands, it is difficult to prevent its going as far as circumstances require and permit. In the inquiry into the effect of water supply in cholera in the south districts of London, which I alluded to in a recent paper, I found that in the early part of the epidemic of 1854, nearly all the cases of cholera occurred amongst persons having the impure water of the Southwark and Vauxhall Company. But if like causes act in the same manner when they produce like effects, on comparing the action of the polluted pump-wells with that of the Company's water, we must conclude that, in the latter case, the cholera evacuations passed first down the sewers, then up the Thames to Battersea, and afterwards through the water-pipes to the distance often of several miles. This, however, is a route quite as long and as circuitous as from a ship at Horsleydown to the pump-well at Abbey Row; and for my own part, if it is acknowledged that the morbid matter of cholera can be mixed with the water of a pump-well, and remain for even a few hours without being destroyed, I see no difficulty in its passing a few miles with the tide, which moves in the river almost as fast as a person walks.

There may have been other cases of cholera in the shipping in the Thames, from the Elbe and the Baltic, besides the one registered at Horsleydown, but if there were not, it is unnecessary to suppose that the quantity of cholera poison was so limited that it all required to go up the Lea and the tidal ditch to Abbey Row; or, on the other hand, that it was so plentiful as to be distributed in every pailful of water in the Thames; something between these extremes is what the circumstances of the recent outbreak and former epidemics suggest. I am ready to admit that the greater part of any impurity emptied into the Thames might go straight up and down with the tide, and reach in a few days the salt water, which nobody can drink; but it is a fact that a part of the water of the Thames does flow up the Lea, and a part of this also up the tidal ditch to Abbey Row, carrying with it more or less of every kind of impurity which enters the Thames.

In an inquiry which the Rev. H. Whitehead made, in continuation of that which I commenced, respecting the water of the pump near Golden Square, he was led to conclude that, at one period, hardly anyone drank of the water without being attacked with cholera. The evacuations of one patient in that instance appeared to occasion above 600 fatal attacks within the space of a very few days. When the cholera evacuations enter a large river like the Thames, the result, as might be expected, is different. In the autumn of 1848, the first case imported was followed, in a few days, by several cases at different parts of the river's banks, amongst the population using water obtained directly from the river; and these cases were followed by others more numerous, chiefly amongst the population supplied with water obtained from the Thames at Battersea and Chelsea; and the fresh cases again supplied the morbid poison for a large number, and so the epidemic went on increasing. The like events followed in 1853, but in the present year, when few persons use water which is in any way connected with the tidal part of the river, the first imported case of cholera has been followed by other cases at one point only, and the disease has not spread further.

Since the last epidemic of cholera, the water supply of a great part of London has been entirely altered. At present no water company draws its supply from any part of the Thames which is within reach of pollution by the shipping, or the sewers of the town. The water supply of London is now different from its condition at any former period, and that has happened now which has not occurred before in the history of cholera in this metropolis. On every former occasion, when cholera prevailed in Hamburgh and other ports in the north

of Europe, it extended to London, and the first cases were followed by others, and these again by more, till the disease was epidemic. This last summer and autumn cholera has again prevailed in the ports in the Baltic and the Elbe; it has again extended to London, and one well marked imported case has been followed by a group of cases on the borders of London, so well marked as to leave no doubt of their nature; but here the disease has left off for a period of already eighteen days, and, whatever may follow, this is a halt which occurred on no former occasion.

So far from its being my opinion that the morbid matter of cholera is indestructible, I have from the first considered that it is very perishable, and that when mixed with water it cannot preserve its powers more than a few days; this being one cause why an epidemic often dies out so quickly. Dr. Wm. Budd advocated the same view in his able articles in the Association Medical Journal in 1854 and 1855. I believe that the cholera poison, destructive as it is in certain circumstances to the human species, has many enemies, is easily destroyed, and, what is of more importance, is still more easily avoided.

I regret that I cannot enter fully into my views regarding the pathology and history of cholera in the short space to which it is necessary to confine this article; and I beg the reader to remember that, although I find it necessary to write most on that part of the subject which concerns the communication of cholera through the medium of water, its propagation by swallowing the morbid poison without this medium, plays a very important part in its progress, more especially in the crowded habitations of the poor.

I am, etc. John Snow, M.D.

Sackville Street, October 31st, 1857.

CAUSTIC HOLDERS.

Letter from W. B. Kesteven, Esq.

Sir,—In answer to your correspondent, J. A. B., in the Journal for October 24th, I may state that a very convenient form of caustic holder, constructed after the manner of the "ever-pointed" pencil, has, for several years past, been manufactured by Mr. Nash, of Coppice Row, Clerkenwell (late Butler and Co.) I have had one in use for years.

A notice of this caustic holder was published in the late *London Medical Gazette*, nevertheless it has not become as widely known as it merits.

I am, etc. W. B. Kesteven.

Upper Holloway, October 27th, 1857.

Medical News.

BIRTHS, MARRIAGES, DEATHS, AND APPOINTMENTS.

In these lists, an asterisk is prefixed to the names of Members of the Association.

BIRTHS.

Elin. On October 27th, at Hertford, the wife of George Elin, M.D., of a daughter.

Fowler. On October 30th, at 145, Bishopsgate Street Without, the wife of Robert Fowler, M.D., of a son.

Godden. On October 25th, the wife of *Joseph Godden, Esq., Surgeon, of Sudley House, Claughton Firs, Birkenhead, of a son.

Hare. On October 20th, at Cawood, Yorkshire, the wife of Henry Christian Hare, Esq., Surgeon, of a son.

Thane. On October 31st, at 9, Hart Street, Bloomsbury, the wife of George D. Thane, M.D., of a son.

Thudichum. On November 1st, at 9, Woburn Place, the wife of *J. L. W. Thudichum, M.D., of a daughter.

MARRIAGES.

Adams—Wedgwood. Adams, Richard, Esq., Cornwall County Asylum, to Fanny, only daughter of the late Philip Egerton Wedgwood, Esq., of Burslem, at Liverpool, on October 8th.

Chambers—Woolley. Chambers, the Rev. Walter, to Susan Elizabeth, daughter of George Woolley, M.D., late of Brompton, at Sarawak, on August 17th.

Hassall—Goddard. *Hassall, Richard, M.D., of Richmond, to Alicia, fourth daughter of Charles Goddard, D.D., late Archdeacon and Subdean of Lincoln, at Richmond, on November 3rd.

Lewison—Black. Lewison, P. Emil, M.D., to Elizabeth Easter, widow of Alexander Black, Esq., late 14th Light Dragoons, at Lowestoft, on October 29th.

Lywood—Emmott. Lywood, John, Esq., of Wyke, Hants, to Mary Ann Frances, widow of the late Edward Emmott, M.D., at Charlton, Kent, on October 29th.

Schulhof—Vaizey. Schulhof, Maurice, M.D., of Brook Street, Grosvenor Square, to Frances Ellen, only daughter of George de Horne Vaizey, Esq., of Halstead, Essex, on October 29th.

Thompson—Abbott. Thompson, Theophilus Wathen, Esq., eldest son of Theophilus Thompson, M.D., F.R.S., of Bedford Square, to Maria, eldest daughter of W. Abbott, Esq., of Bath, on October 21st.

Wheeler—Helsham. Wheeler, Edward, Esq., of the Rocks, Kilkenny, to Josephine, youngest daughter of A. Helsham, M.D., of Park Place, at St. George's, Hanover Square, on October 29th.

Williams—Woods. Williams, David William, Esq., Surgeon, to Mary Ann Hawkins, only daughter of George Woods, Esq., formerly of Gibraltar, and late of Chatham, at Llandysilio, Anglesey, on November 3rd.

Wyman—Handy. *Wyman, George, Esq., Surgeon, of Alcester, to Mary Charlotte, second daughter of the late Henry Handy, Esq., of Bradley, Feckenham, Worcestershire, at Alcester, on October 15th.

DEATHS.

Birkett. On October 30th, at 59, Green Street, Grosvenor Square, Adela, infant daughter of *John Birkett, Esq., Surgeon.

Cormack. On October 30th, of typhoid fever, at 27, Ampthill Square, N.W., Daniel Hugh, aged 4 years and 4 months, eleventh and youngest child of *John Rose Cormack, M.D., F.R.S.Edin.

Evans. On August 10th, at Vichy, France, Eliza, wife of G. F. D. Evans, M.D., of Bedford.

Mant, Thomas, M.D., late of Ipswich, in London, aged 86, on October 25th.

Ridley, Porter, Esq., Assistant-Surgeon Madras Army, at Jubbulpore, on September 17th.

Yonge. On October 23rd, at the Royal Medical Benevolent College, aged 80, Elizabeth Sarah, widow of the late James Yonge, M.D.

Young. On October 25th, at Bognor, Ann, widow of the late James Young, Esq., Surgeon, Aylesbury.

APPOINTMENTS.

Byrne, J. A., M.D., elected Assistant Resident Physician to the Lying-in Hospital, Rutland Square, Dublin.

Lyons, R. D., M.D., elected Physician to the Jervis Street Hospital, Dublin, in the room of Dr. Martin, resigned.

M'Donnell, A., M.D., elected Surgeon to the Jervis Street Hospital, in the room of Dr. Harrison, resigned.

Sawyer, James R., M.D., appointed Professor of Midwifery to the Royal College of Surgeons in Ireland, in the room of Dr. Beatty, resigned.

PASS LISTS.

Apothecaries' Hall. Members admitted on Thursday, October 15th, 1857:—

Alcock, John, Cobridge, Stafford
Biddle, Henry Cooper, Upper Edmonton
Davis, William Farquhar, Army
Muskett, Joseph James, Holl, Norfolk
Radley, William Hepworth, Doncaster
Rayner, Thomas, Birstall, near Leeds

Thursday, October 22nd:—

Carher, Alfred, St. Ann's Bay, Jamaica
Sweeting, Thomas, Wakefield
Woodforde, John Howard

Thursday, November 29th:—

Buss, Henry
Earle, John, Ripon
Hughes, Thomas, Holyhead
Lander, James, Glasgow
Tench, Edward Beavan, Hereford

University of St. Andrew's. List of gentlemen on whom the Degree of Doctor of Medicine was conferred on October 24th, 1857:—

Affleck, Robert, M.R.C.S.Ed., Edinburgh
Andrews, Henry Charles, M.R.C.S. and L.A.C., London
Capron, Edward, M.R.C.S. and L.A.C., Guildford, Surrey
Colles, John Armstrong P., M.R.C.S.I., Dublin
Daniell, Cyrus O., M.R.C.S., Late Royal Artillery
Davis, William F., M.R.C.S. and L.A.C., London
Dixey, Augustus E., M.R.C.S., Finchley, Middlesex
Donnet, James John L., M.R.C.S.Ed., R.N.
Elin, George, M.R.C.S. and L.A.C., Hertford
Gillespie, John Williams, M.R.C.S.Ed., Cork
Howard, John Simpson, Madras
Hozier, William Henry, M.R.C.S.I., Greenville, United States
Jones, William P., M.R.C.S., Wellington, Salop
Miller, David, M.R.C.S.Ed., Glasgow
Norton, Selby, L.A.C., West Malling, Kent
Rengifo, Pio, M.R.C.S., New Granada
Robertson, Douglas M. C. L. A., M.R.C.S.Ed., Edinburgh
Skinner, Thomas, M.R.C.S.Ed., Edinburgh
Smith, Frederick Moore, M.R.C.S., Great Hadham, Herts
Smith, William Abbotts, M.R.C.S. and L.A.C., Southam, Warwickshire
Sumpter, Walter, L.A.C., Horncastle, Lincolnshire
White, Charles William, Madras

Queen's University in Ireland. The following candidates were admitted to the degree of M.D., after the examination in September 1857:—

Colahan, J., Galway
Collins, J. W., M.R.C.S.Edin., Cork
Crean, M. J., Galway
Dunlop, A., M.R.C.S.Eng., Belfast
Keely, P. J., Galway
M'Cormac, W., A.B., M.R.C.S.Eng., Belfast
Mapother, A. E. D., L.R.C.S.I., Galway
M'Crevey, J., M.R.C.S.Edin., Belfast
Morris, M. O'K., A.B., Cork
O'Flynn, D. B., A.M., Cork
O'Hara, D. M., Belfast

Eleven gentlemen obtained the certificate of the first Medical Examination.

Examination for Honours.

Mapother, A. E. D., M.D., £20 and Gold Medal; First Prize in Medicine
M'Cormac, W., M.D., £10 and Gold Medal; Second Medical Examination
Dunlop, A., M.D., £20; Second Prize in Medicine
MacCrea, J., £10; First Medical Examination

HEALTH OF LONDON:—WEEK ENDING OCTOBER 31st, 1857.

[*From the Registrar-General's Report.*]

The deaths registered in London rose from 988 in the preceding week to 1047 in the week that ended last Saturday (October 31st). The deaths of males were 531, those of females 516. In the ten years 1847-56, the average number of deaths in the weeks corresponding with last week was 1008; but to admit of comparison with the deaths of last week, when population had increased, the average must be raised proportionally to the increase, in which case it will become 1109. The deaths now returned were, therefore, fewer by 62 than would have occurred if the average rate of mortality had ruled.

In the present returns, typhus (common fever being included under this head in the table) numbers more deaths than any other zymotic disease, and scarlatina shows an almost equal number. To the two diseases, 56 and 53 deaths respectively are referred. More occurred from scarlatina (17) in the north districts than in any other of the five metropolitan divisions; and only eight from that complaint on the south side of the river. Only 11 deaths from measles are returned; and of these, only one occurred in the numerous population on the south side. At 8, Medburn Street, Somers Town, a commercial traveller and two daughters died of scarlatina within 84 hours. The medical attendant states that the father "was struck down in 28 hours." In this and other instances in which scarlatina or typhus was fatal, bad drainage, offensive gullies, or lower apartments flooded with sewage, are complained of, generally by medical attendants. The deaths from diarrhœa are now reduced to 31; of these, 13 occurred in the south districts, and only one in the west. Three deaths are returned as caused by cholera and "choleraic diarrhœa or fever". On 29th October, a seaman, aged 18 years, died of "cholera", after twelve hours illness, on board a ship in the Commercial Dock. Another case occurred at Osborne Cottages, Lewisham; and the third, in Regent's Road, Mile End.

Fourteen women died after childbirth; eight infants died from inanition or want of breast-milk. Three persons died of diabetes; one of chorea; four of delirium tremens; and three of intemperance. Besides three persons aged 91 years, a labourer is returned who had attained the age of 100 years. He died on 27th October, at 3, Durham Yard, West Street.

Last week the births of 921 boys and 864 girls, in all 1785 children, were registered in London. In the ten corresponding weeks of the years 1847-56, the average number was 1467.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·774 in. The highest barometrical reading occurred on Saturday, and was 30·02 in. The mean temperature of the week was 51°·6, which is 4°·6 above the average of the same week in 43 years (as determined by Mr. Glaisher). The mean daily reading was about 6° above the average till Thursday, and continued in a less degree above it till the end of the week. The highest reading occurred on Monday, and was 64°; the lowest was 37°·8 (on Saturday). The range of the week was therefore 26°·2. The mean dew-point temperature was 49°; and the difference between this and the mean air temperature was only 2°·6. The wind, which previously had been generally in the south-east, blew on the last three days mostly from the south-west. Rain was measured only to the amount of 0·06 in.

PARLIAMENTARY REFORM: MEDICAL CONSTITUENCIES.

The following letter has been addressed to the editor of the *Scotsman*:—

"Rutland Street, Edinburgh, October 15th, 1857.

"Sir,—Although there is little discussion of the forthcoming reform measure—for little is known about it—there is much anxiety felt by thoughtful men as to the principles upon which it will be framed. It cannot, I think, be out of place to raise one question of importance to the nation, as a question of principle; and that is, whether the medical science of the United Kingdom is for the future to be heard in the great council of the empire, or to be unheeded as hitherto? Matters touching the medical profession have little interest for the people. For the most part, public attention has been drawn to mere questions of its internal government. These have become identified with the squabbles of corporations for power and income; and amidst the uproar raised by the conflicting voices of twenty different licensing bodies, the immeasurably greater interests of the empire have been wholly lost sight of. Consequently, hardly one man is found, in this age of great cities, to call the attention of the public to the great political interests involved in the application of medical science to legislation and administration.

"I say hardly one. I must mention Lord Stanley as one of the few exceptions. He has read and interpreted the handwriting which has appeared on the wall of the magnificent social structure reared by British genius and power. Not a few medical observers, watching society from the loopholes of their professional privacy, have read it too, and interpreted its silent solemn warning. 'I believe,' said Lord Stanley, at Birmingham, 'that whatever exceptions may be found in individual instances, when you come to deal with men in the mass, *physical and moral decay necessarily go together;* and it would be small satisfaction to know that we had through a series of ages successfully resisted every external agency, if we learned too late that the vigour and energy for which our nation stands confessedly preeminent among the races of the world were being undermined by a secret but irresistible agency, the offspring of our own neglect, against which science and humanity had warned us in vain.'

"'Physical and moral decay necessarily go together.' If so, then moral decay is a sign of physical decay. Now, what is moral decay of a people if it do not consist in an abandonment of great religious truths for sectarian conventionalities, traditions, and superstitious fables? in a substitution of the letter for the spirit? in the preference of appearance for reality? Everywhere are manifested signs of a moral decay in a want of that masculine energy of feeling and will which accompanies

an enlightened understanding in a healthy organisation, and which is the attribute of a sound mind in a sound body. Everywhere we see more abundantly manifested a tendency to frauds—religious, political, commercial—and to the attainment of ends less by a course of honest vigour than by the tricky arts characteristic of degenerate races.

"We thus, therefore, may infer that there is a physical decay from the moral symptoms; but physical decay may be known by its own symptoms. Lately the question has been vigorously agitated in the medical profession—to what extent the abstraction of blood is required, if at all, in the case of inflammatory diseases? The answer to that question has a greater political than medical importance. All sound practitioners had already ceased to prescribe those free blood-lettings which, forty or fifty years ago, were found useful in inflammation. Each had his sufficient reason; but now, when discussion has elicited an expression of it, it is found that the concurrent opinion of the highest authorities, from Professor Alison downwards, is to the effect that a great change has taken place in the vital powers of the people, the consequence of which is that generally they cannot now bear that abstraction of blood formerly practised with benefit.

"I will give two illustrations of the undermining of the national power in consequence of the neglect of medical science by the political economist.

"The nation sent to the Crimea an army of picked men, the flower of its population, to defend international law and the national interests. Never was quarrel more just; never victory more certain. Yet, that fine body perished miserably by regiments, amidst the most terrible sufferings, from causes far more under control than the fire of the enemy, and *easily* removable, if medical science were as freely and fully applied to the art of war as mechanical science. Fifteen thousand British soldiers thus died.

"The nation was under obligations to its allies to maintain a given force in the field. Desperate efforts were made to fill up the place of the dead by fresh recruits. I saw many of those men. They were for the most part pallid half-grown striplings, the dwellers in towns, with no stamina. The medical eye could easily see that they were not physically fit for war. They could and did take the place of the fallen on the muster-roll, and so satisfied the national obligations; but they took also the place of the dying in the hospitals. Hundreds of these youths never even went to the front. Now, I say nothing of the frightful amount of suffering thus inflicted, of the industrial power annihilated, of the treasure wasted; I only ask—Is it creditable to the policy of a great nation, whose boast is to be the first to apply science to every want of mankind, thus to neglect a science upon which its very existence depends, and which renders possible the successful application of all other sciences to the advancement and defence of the common welfare?

"Now, the true remedy for all this is, I think it will be admitted, as easy as it would be efficacious. It consists in nothing more than in giving to medical science its due place in the great council of the empire. Once there, it would flow as an invigorating stream from a common centre into every department of administration throughout the empire. Opinion may differ as to the mode in which this remedy should be applied. Electoral colleges have no place in the British Constitution; but if they had, the medical colleges are close bodies. I would therefore venture to suggest as the shortest and simplest plan, that every qualified medical practitioner should be enrolled as a parliamentary voter, and that the medical electors of a given district should return a representative to Parliament. The candidates need not, and certainly would not, be exclusively professional men. Few medical practitioners, indeed, would aspire to so high and difficult a position. They would rather prefer, on the contrary, to select men of high political standing—men who, like Lord Stanley, are statesmen by birth and profession, and who had specially studied the application of medical science to all branches of administrative government.

"If this plan be determined on, the working would be easy. Already, in the Universities of Oxford and Cambridge, there are similar constituencies. At present, the members of these universities have to attend in person and vote; and this is an onerous tax upon the clergyman or lawyer. In a new Reform Bill, measures will be taken to obviate it; and those measures would apply equally well to the voting of medical constituencies.

"I am, etc.,

"T. Laycock, M.D."

UNIVERSITY OF ST. ANDREW'S:—MEDICAL EXAMINATION PAPERS. OCTOBER 1857.

The following were the questions proposed to the candidates for the degree of M.D. at the recent examination:—

First Examination. First Part. *To be translated into English.* Ante adversam autem valetudinem, ut supra dixi, quædam notæ oriuntur; quarum omnium commune est, aliter se corpus habere, atque consuevit; neque in pejus tantum, sed etiam in melius. Ergo si plenior aliquis, et speciosior, et coloratior factus est, suspecta habere bona sua debet: quæ, quia neque in eodem habitu subsistere, neque ultra progredi possunt, fere retro, quasi ruinâ quâdam, revolvuntur. Pejus tamen signum est, ubi aliquis contra consuetudinem emacuit, et colorem decoremque amisit: quoniam in his quæ superant, est quod morbus demat; in iis quæ desunt, non est quod ipsum morbum ferat. Præter hæc protinus timeri debet, si graviora membra sunt, si crebri ulcera oriuntur, si corpus supra consuetudinem incaluit, si gravior somnus pressit, si tumultuosa somnia fuerunt, si sæpiùs expergiscitur aliquis quam assuevit, deinde iterum soporatur; si corpus dormientis circa partes aliquas contra consuetudinem insudat, maximèque si circa pectus, aut cervices, aut crura, vel genua, vel coxas: item si marcet animus; si loqui et moveri piget; si corpus torpet; si dolor præcordiorum est, aut totius pectoris, aut, qui in plurimis evenit, capitis; si salivæ plenum est os; si oculi cum dolore vertuntur; si tempora adstricta sunt; si membra inhorrescunt; si spiritus gravior est; si circa frontem intentæ venæ moventur; si frequentes oscitationes; si genua quasi fatigata sunt, totumve corpus lassitudinem sentit.—Give the derivations and primary meanings of the following words:—anæmia, cholesterine, cyanosis, dysmenorrhœa, dyspepsia, hypertrophy, stethoscope, teratology.

Second Part. *Chemistry.* 1. What are the leading combinations between nitrogen and oxygen, their chemical constitution, their modes of preparation, and principal properties? 2. State the respective modes of preparation and chemical properties of chlorine, bromine, and iodine, and their analogies. 3. What are the chemical tests for potash, limes, barytes, lead, and copper? 4. What are the natures of fixed oils, and of saponification? 5. What are the chemical changes which attend respiration and the arterialisation of the blood? *Materia Medica.* 6. What compounds of iodine are used in medicine? Describe them, stating their modes of preparation, their uses, and their average doses. 7. What are the pharmacopœial preparations of scammonium, jalapa, digitalis, and colchicum? State their principal uses and average doses. What are the ordinary adulterations of the first named of these drugs, and how would you detect them? 8. Write a Latin prescription (without using abbreviations or symbols) for a mixture suitable for a case of autumn diarrhœa; also for a dozen purgative pills, containing croton oil.

Second Examination: Anatomy and Physiology. 1. Describe the aorta from its origin to its termination, and give a sketch of the distribution of its principal branches. 2. Describe the distribution of the nerves in the hand, and state how the nerve-fibres terminate in the papillæ. 3. What are the principal means of determining the functions of particular nerves? 4. What is the ordinary temperature of the human body, and by what physiological and pathological conditions is it modified? 5. What are the principal arguments in favour of and against the existence of a plurality of species among mankind?

Third Examination. [N.B. In answering the practical questions, the examiners require every candidate to specify the mode of treatment which he is in the habit of adopting, and the doses of the medicines which he prescribes.] *Pathology and Practice of Physic.* 1. What are the most important symptoms of disease presented by the tongue and gums? 2. What is the cause of death in cases of drowning? How long a period of entire submersion can be borne before death supervenes? and what treatment would you adopt in a case of apparent death from drowning? 3. Describe the symptoms and course of an ordinary case of small-pox, and state with what diseases it may be confounded in its earlier stages. What is the treatment to be adopted? 4. Describe the symptoms and treatment of acute rheumatism. 5. A man complaining of chest symptoms, and particularly of oppressed breathing, is found on examination to have a double see-saw murmur very distinctly audible over the base of the heart, as well as along the sternum, and over the arteries at the root of the neck. The murmur is inaudible at the apex. What are the possible or

probable alternatives in diagnosis? What circumstances remain to be observed, in order to determine exactly the nature and seat of the disease? Write a full description of what you might expect to find, upon any given view of the case, consistent with the facts above mentioned.

Fourth Examination: Surgery. 1. What is the pathology, and what are the principles of treatment, of senile gangrene? 2. What are the causes of chronic ulcer of the leg? and how may each variety be best treated? 3. What are the steps of the operation of amputation at the shoulder, and the precautions necessary to be observed? *Midwifery.* 4. Describe the formation and aspect of the corpus luteum, and state the medico-legal conclusion to which its presence leads. 5. What are the signs of the child's having died *in utero?* 6. What precautions are to be observed in administering chloroform during labour? 7. A married woman, about thirty years of age, had for months complained of pain in the lower part of her back, dragging sensation in the groins, and some tenderness in the hypogastrium; symptoms coming on gradually after a miscarriage, and accompanied by excessive menstruation (the discharge being in part clotted), and, in the intervals, by a creamy whitish discharge, now and then tinged with blood. Defæcation was difficult, and accompanied by pain; and, after walking, pain was felt in the left iliac fossa. What was the nature of this patient's malady, and the treatment which cured her?

Proposed National Medical Association in France. For some time there have existed in France local associations of medical men, principally for the purpose of affording aid to their members in case of necessity. Of these, the *Association des Médecins du Département de la Seine* is best known. Lately, a project has been set on foot for establishing a National Medical Association, taking the Seine Association as a centre and model; and a circular, of which the following is a translation, is in course of signature:—"The undersigned are of opinion: 1. That fraternal benevolence and the moral and material improvement of their profession concern all medical men, and ought to produce in them a concurrence of efforts; 2. That local associations, the formation of which is generally impeded by many difficulties, have not the elements of prolonged duration, by reason of the small numbers of their members; 3. That it would be difficult for local associations to realise, before a long course of years, the good which a general association of French medical men would produce; 4. That, in the general scientific manifestation whose recollection still moves all the members of the medical family (the inauguration of the statue of Bichat), it is impossible not to recognise a happy tendency to that generous and fraternal end which we are all desirous to attain; 5. That the Association of Medical Men of the Department of the Seine is an institution whose services and prosperity prove the excellence of its organisation; and that there are no material obstacles to the extension of this Association so as to make it embrace the entire medical body in France. They therefore give their adhesion to the wish of the medical men of the department of the Gironde, who desire the enrolment of the medical men of all the departments in the Association of the Seine, so as to form a *General Association of Medical Men in France.*"

Mortality among Children in Australia. The *Australian Medical Journal* for April 1857 states, on the authority of the Registrar-General's Third Annual Report of Births, Deaths, and Marriages, in the Colony of Victoria, that the total number of deaths of all ages in Victoria, for the year ending June 30th, 1856, was 5,760; of which 2,668 (or about 46 per cent.) were in children under five years of age; and of the 2,668 children who died, 2,420 (or about 90 per cent.) were under two years of age. This excessive mortality is attributed to improper diet; want of exercise in the open air; badly ventilated bedrooms and localities; occupying the same room with the parents; want of due attention to cleanliness; too long continued nursing; the administration of narcotics; unsuitable clothing; and the *ordinary* diseases of childhood, aggravated by one or more of the foregoing causes.

New Lunatic Asylum near Nottingham. The ceremony of laying the corner stone of a new lunatic asylum, on the Coppice Hill, near Nottingham, was performed on Oct. 30th, by His Grace the Duke of Newcastle, in the presence of a great number of highly respectable persons, amongst whom were observed Viscount and Viscountess Newark, Lord Belper, Mr. Paget, M.P., the Mayor and Corporation. The assemblage of both town and country people was very large, and the noble Duke delivered a speech in reference to the objects which the institution was intended to serve.

Mr. Dalrymple, of Norwich. A serious accident occurred to this distinguished surgeon on Thursday week, whilst engaged with a party of friends. It appears that Mr. Dalrymple was reloading one of the barrels of his gun, the other, which had not been discharged, having been inadvertently left on full cock, and while applying the ramrod, the undischarged barrel exploded, the charge carrying away the fore finger of his right hand, severely mutilating his thumb, lacerating the cheek, and one of the eyes and eyelids. We are happy to announce that Mr. Dalrymple is progressing favourably.

Medical Students. The number of students who have entered at the various metropolitan schools this session is rather under the average; the total number being about 1050. In the provincial schools also, we understand, it is below the average.

The Gresham Lectures. Dr. H. H. Southey, F.R.S., will deliver the Lectures on Physic in the Theatre of Gresham College, Basinghall Street, on Friday and Saturday, the 6th and 7th inst., in Latin at twelve o'clock, and in English at one o'clock. These Lectures are open to the public gratuitously.

Curious Fact in Natural History. His Grace the Duke of Hamilton is at present opening up a pit at Auchinheath, that has been closed up for the last sixty years. It has been cropped over where the pit was these last twenty years. The workmen on coming to the old workings were surprised to see a number of light-coloured mice running about in the old workings. The query is, how they have obtained food for the last sixty years; and, even allowing them to have lived off the growth of the old trees, how did they obtain air, as the pit had no communication with any open shank whatever. (*Hamilton Advertiser.*)

Death of Professor Rawlinson. We regret to announce the death of the Rev. George Rawlinson, Professor of Applied Sciences in the Elphinstone Institution, which took place early on the 23rd inst., from abscess of the liver. Mr. Rawlinson has not been long in India, having only arrived in Bombay about ten months ago; but during his short sojourn among us, his excellent qualities endeared him to all those who made his acquaintance. The remains of Mr. Rawlinson were interred on Thursday evening, and were followed to the grave by a numerous circle of his friends and admirers. (*Bombay Times.*)

TO CORRESPONDENTS.

POSTAGE OF MANUSCRIPT AND PRINTED MATTER.

Any amount of manuscript or printed matter, singly or together, provided it contains nothing in the form of a letter, is transmitted through the post, in packets *open at the ends*, at the following rates: not exceeding 4 ounces, one penny; above 4 and not exceeding 8 ounces, twopence; above 8 ounces and not exceeding 1 pound, fourpence; for every additional half-pound or under, twopence.

NOTICE.—Dr. Wynter will feel obliged if the Associates will address all Post Office Orders in payment of Subscriptions, to the Publisher, Mr. Thomas John Honeyman, 37, Great Queen Street, Lincoln's Inn Fields, London, W. C., "Bloomsbury Branch"; and he would also feel obliged by their sending all communications respecting the non-receipt of the Journal, to the same address; as both these matters are out of the province of the Editor.

Anonymous Correspondents should always enclose their names to the Editor; not for publication, but in token of good faith. No attention can be paid to communications not thus authenticated.

Members should remember that corrections for the current week's Journal should not arrive later than Wednesday.

Communications have been received from:—Mr. J. S. Gamgee; Dr. Cockle; Mr. J. V. Solomon; Dr. C. Bader; Dr. Hillier; Dr. E. Hodges; Dr. Cossar; Mr. Toynbee; Dr. C. Handfield Jones; Mr. T. Holmes; Mr. Stone; Mr. Edward Moore; Dr. Sieveking; Mr. Haynes Walton; Mr. W. B. Kesteven; Dr. J. B. Sammut; Dr. Snow; Dr. Mayne; Dr. J. Armstrong; Mr. Joseph Godden; Dr. William Budd; Mr. Augustin Prichard; Dr. A. P. Stewart; Dr. John W. Keyworth; Dr. J. Sloane; Mr. W. Newman; and Dr. Thudichum.

BOOKS RECEIVED.

[* *An Asterisk is prefixed to the names of Members of the Association.*]

1. Lectures on the Principles and Practice of Physic; delivered at King's College, London. By Thomas Watson, M.D., F.R.C.P. In Two Volumes. Fourth Edition, revised and enlarged. London: J. W. Parker and Son. 1857.
2. The History of the Plague at Athens: Translated from Thucydides. With remarks explanatory of its Pathology. By Charles Collier, M.D., F.R.S. London: David Nutt. 1857.